

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000295322

**Entity Name:** NJR FAMILY INSURANCE, LLC

**Current Principal Place of Business:**

814 SW PINE ISLAND RD #205  
CAPE CORAL, FL 33991

**Current Mailing Address:**

814 SW PINE ISLAND RD #205  
CAPE CORAL, FL 33991 US

**FEI Number:** 84-4258602

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROE, NATHAN  
814 SW PINE ISLAND RD #205  
CAPE CORAL, FL 33991 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROE, NATHAN  
Address 814 SW PINE ISLAND RD #205  
City-State-Zip: CAPE CORAL FL 33991

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATHAN J ROE

**AGENCY PRINCIPAL**

**02/03/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date