

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000009870

Entity Name: T & G INSURANCE LLC

Current Principal Place of Business:

3134 S. NORTHVIEW RD
PLANT CITY, FL 33566

Current Mailing Address:

3134 S. NORTHVIEW RD
PLANT CITY, FL 33566 US

FEI Number: 47-2842898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LETOURNEAU, CORY A
3134 S. NORTHVIEW RD
PLANT CITY, FL 33566 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	VP	Title	VP
Name	LETOURNEAU, CORY A	Name	LETOURNEAU, ABIGAIL C
Address	3134 S. NORTHVIEW RD	Address	3134 S. NORTHVIEW RD
City-State-Zip:	PLANT CITY FL 33566	City-State-Zip:	PLANT CITY FL 33566

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: CORY LETOURNEAU

VP

06/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date