

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000097699

**Entity Name:** MCD INSURANCE LLC

**Current Principal Place of Business:**

16910 PEACEFUL VALLEY DR  
WIMAUMA, FL 33598

**Current Mailing Address:**

16910 PEACEFUL VALLEY DR  
WIMAUMA, FL 33598 US

**FEI Number:** 82-1440802

**Certificate of Status Desired:** No

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

MARIA, DEBES SR  
16910 PEACEFUL VALLEY DR  
WIMAUMA, FL 33598 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 MARIA, DEBES  
Address 5817 LEGACY CRESCENT PL  
City-State-Zip: RIVERVIEW FL 33578

*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:** MARIA DEBES

**MANAGER**

**03/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date