

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000257684

**Entity Name:** MCG INSURANCE LLC

**Current Principal Place of Business:**

2615 CANAL AVENUE  
SUITE 1  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2425 AMHURST ST  
LYNN HAVEN, FL 32444 UN

**FEI Number:** 84-3502683

**Certificate of Status Desired:** No

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

MCGONAGIL, ROBERT  
2425 AMHURST ST  
LYNN HAVEN, FL 32444 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 PRES  
Name MCGONAGIL, ROBERT  
Address 2425 AMHURST ST  
City-State-Zip: LYNN HAVEN FL 32444

*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:** ROBERT B MCGONAGIL

**OWNER**

**04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date