

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010152

Entity Name: MEDICAL ASSOCIATION OF GEORGIA INSURANCE AGENCY, LLC**FILED**
Apr 23, 2021
Secretary of State
9719604187CC**Current Principal Place of Business:**110 WEST RD STE 227
TOWSON, MD 21204**Current Mailing Address:**110 WEST RD STE 227
TOWSON, FL 21204 US**FEI Number: 85-3108816****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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	MBR
Name	DATA TRACE PARTNERS V, LLC
Address	110 WEST RD STE 227
City-State-Zip:	TOWSON MD 21204

Title	AP
Name	REICHER, DAVID L
Address	110 WEST RD STE 227
City-State-Zip:	TOWSON MD 21204

Title	MBR
Name	MAG INSURANCE SOLUTIONS, LLC
Address	1849 THE EXCHANGE STE 200
City-State-Zip:	ATLANTA GA 30339

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: DAVID REICHER**PRESIDENT****04/23/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date