

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000016186

**Entity Name:** GAIL GOLD INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

115 TAMIAMI TRAIL N SUITE 1  
NOKOMIS, FL 34275

**Current Mailing Address:**

115 TAMIAMI TRAIL N SUITE 1  
NOKOMIS, FL 34275 US

**FEI Number:** 26-4272545

**Certificate of Status Desired:** No

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

GOLD, GAIL T  
4323 PASADENA CT  
SARASOTA, FL 34233 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 MGRM  
Name GOLD, GAIL T  
Address 4323 PASADENA CT  
City-State-Zip: SARASOTA FL 34233

Title MANAGING MEMBER  
Name GOLD, SAMUEL J  
Address 4323 PASADENA CT  
City-State-Zip: SARASOTA FL 34233

*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:** GAIL GOLD

MANAGING MEMBER

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date