### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000061750

**Entity Name: MG INSURANCE SOLUTIONS** LLC

## **Current Principal Place of Business:**

14502 N. DALE MABRY HWY SUITE 332 TAMPA, FL 33618

# **Current Mailing Address:**

14502 N. DALE MABRY HWY **SUITE 200-58** TAMPA, FL 33618 US

FEI Number: 47-3954851 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MG INSURANCE 4371 FENNWOOD CT WESLEY CHAPEL WESLEY CHAPEL, FL 33543 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: MINERVA GONZALEZ 01/16/2018

Electronic Signature of Registered Agent

## Authorized Person(s) Detail:

Title MGR

GONZALEZ, MINERVA Name

14502 N. DALE MABRY HWY Address

SUITE 332

TAMPA FL 33618 City-State-Zip:

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: MINERVA GONZALEZ **OWNER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

01/16/2018

Date

**FILED** Jan 16, 2018

**Secretary of State** 

CC5694327767