

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103678

**Entity Name:** MD INSURANCE & FINANCIAL ADVISORS, LLC

**Current Principal Place of Business:**

175 AVERY AVE  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

PO BOX 31  
OZONA, FL 34660 US

**FEI Number:** 20-8554153

**Certificate of Status Desired:** No

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

DEGONZAGUE, MARY C  
175 AVERY AVE  
CRYSTAL BEACH, FL 34681 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            PRESIDENT  
Name            DEGONZAGUE, MARY C  
Address        175 AVERY AVE  
City-State-Zip: CRYSTAL BEACH FL 34681

Title            VP  
Name            DEGONZAGUE, BRIAN J  
Address        175 AVERY AVE  
City-State-Zip: CRYSTAL BEACH FL 34681

*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:** MARY DEGONZAGUE

**PRESIDENT**

**02/07/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date