

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000103678

Entity Name: MD INSURANCE & FINANCIAL ADVISORS, LLC

Current Principal Place of Business:

407 TAMPA RD
PALM HARBOR, FL 34683

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
407 TAMPA RD
PALM HARBOR, FL 34683 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 MGR
Name DEGONZAGUE, MARY C
Address 407 TAMPA RD
City-State-Zip: PALM HARBOR FL 34683

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

OWNER

03/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date