## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000005515

Entity Name: MOUNT BEACON MGA, LLC

**Current Principal Place of Business:** 

1 SOUTH SCHOOL AVENUE

SUITE 900

SARASOTA, FL 34237

**Current Mailing Address:** 

**628 HEBRON AVENUE SUITE 106** 

GLASTONBURY, CT 06033 US

FEI Number: 47-1292375 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAY, SANDY P. ESQ. 1401 NW 136TH AVENUE SUITE 200

SUNRISE, FL 33323 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: SANDY P. FAY 01/17/2017

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title PRESIDENT, CEO, DIRECTOR Title VP, SECRETARY, DIRECTOR

Name WASSERMAN, W. NEAL Name POWERS, LORI M.

628 HEBRON AVENUE 628 HEBRON AVENUE Address Address SUITE 106

SUITE 106

City-State-Zip: GLASTONBURY CT 06033 City-State-Zip: GLASTONBURY CT 06033

Title CFO, TREASURER, DIRECTOR Title **DIRECTOR** 

Name TERELMES, MICHAEL R. Name ROTH, ANDREW J. Address **628 HEBRON AVENUE** Address **628 HEBRON AVENUE** 

SUITE 106 SUITE 106

City-State-Zip: GLASTONBURY CT 06033 City-State-Zip: GLASTONBURY CT 06033

Title DIRECTOR

PATSCHAK, SUSAN J. Name

1 SOUTH SCHOOL AVENUE Address

SUITE 900

City-State-Zip: SARASOTA FL 34237

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.

01/17/2017 SIGNATURE: LORI M. POWERS **SECRETARY** 

**FILED** Jan 17, 2017

**Secretary of State** 

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