

**2018 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:** Yes

**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

**01/18/2018**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            WASSERMAN, W. NEAL  
Address        628 HEBRON AVENUE  
                 SUITE 106  
City-State-Zip: GLASTONBURY CT 06033

Title            VP, SECRETARY, DIRECTOR  
Name            POWERS, LORI M.  
Address        628 HEBRON AVENUE  
                 SUITE 106  
City-State-Zip: GLASTONBURY CT 06033

Title            CFO, TREASURER, DIRECTOR  
Name            TERELMES, MICHAEL R.  
Address        628 HEBRON AVENUE  
                 SUITE 106  
City-State-Zip: GLASTONBURY CT 06033

Title            DIRECTOR  
Name            ROTH, ANDREW J.  
Address        628 HEBRON AVENUE  
                 SUITE 106  
City-State-Zip: GLASTONBURY CT 06033

*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:** LORI M POWERS

**SECRETARY**

**01/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date