

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000009870

**Entity Name:** T & G INSURANCE LLC

**Current Principal Place of Business:**

10917 KENBROOK DR  
RIVERVIEW, FL 33578

**Current Mailing Address:**

10917 KENBROOK DR  
RIVERVIEW, FL 33578 UN

**FEI Number:** 47-2842898

**Certificate of Status Desired:** No

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

LETOURNEAU, CORY A  
10917 KENBROOK DR  
RIVERVIEW, FL 33578 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           | VP                 | Title           | VP                    |
| Name            | LETOURNEAU, CORY A | Name            | LETOURNEAU, ABIGAIL C |
| Address         | 10917 KENBROOK DR  | Address         | 10917 KENBROOK DR     |
| City-State-Zip: | RIVERVIEW FL 33578 | City-State-Zip: | RIVERVIEW FL 33578    |

*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:** CORY LETOURNEAU

**VICE PRESIDENT**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date