

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000009870

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

**Current Principal Place of Business:**

3134 S. NORTHVIEW RD  
PLANT CITY, FL 33566

**Current Mailing Address:**

3134 S. NORTHVIEW RD  
PLANT CITY, FL 33566 US

**FEI Number:** 47-2842898

**Certificate of Status Desired:** No

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

LETOURNEAU, CORY A  
3134 S. NORTHVIEW RD  
PLANT CITY, FL 33566 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         | 3134 S. NORTHVIEW RD | Address         | 3134 S. NORTHVIEW RD  |
| City-State-Zip: | PLANT CITY FL 33566  | City-State-Zip: | PLANT CITY FL 33566   |

*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

VP

06/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date