

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113519

Entity Name: KOMPASSOLUTIONS, LLC

FILED  
Oct 26, 2008  
Secretary of State

**Current Principal Place of Business:**

1789 PURITAN AVENUE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

4660 PARKER CT.  
OVIEDO, FL 32765

**Current Mailing Address:**

1789 PURITAN AVENUE  
WINTER PARK, FL 32792

**New Mailing Address:**

4660 PARKER CT.  
OVIEDO, FL 32765

FEI Number: 20-3851512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BRYANT, KEVIN  
1789 PURITAN AVENUE  
WINTER PARK, FL 32792      US

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

BRYANT, KEVIN  
4660 PARKER CT.  
OVIEDO, FL 32765      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: KEVIN BRYANT

10/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BRYANT, KEVIN  
Address: 1789 PURITAN AVENUE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BRYANT, KEVIN  
Address: 4660 PARKER CT.  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KEVIN BRYANT

MGRM

10/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date