

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061279

FILED
Feb 04, 2010
Secretary of State

Entity Name: COMPASS INSURANCE SERVICES, LLC

Current Principal Place of Business:

4650 DONALD ROSS RD.
SUITE 112
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

4650 DONALD ROSS RD.
SUITE 112
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-0362037 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIXLER, ELLIOT ESQ.
109 VIA PARADISIO
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MYERS, LIDA
Address: 13 TALAVERA PLACE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM
Name: PETILLO, SHARYN
Address: 205 OLD MEADOW WAY
City-St-Zip: PALM BECH GARDENS, FL 33418

Title: MGRM
Name: FIXLER, LORRAINE
Address: 109 VIA PARADISIO
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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: LIDA MYERS

MGR

02/04/2010

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