

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008175

FILED
Apr 28, 2011
Secretary of State

Entity Name: COMPASS INSURANCE GROUP LLC

Current Principal Place of Business:

1450 JOHNS LAKE RD STE#3
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

PO BOX 120336
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 74-3249602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, COSCIA
1426 WELSON RD
ORLANDO, FL 32837 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: ANTHONY, COSCIA
Address: 1426 WELSON RD
City-St-Zip: ORLANDO, FL 32837

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: ANTHONY COSCIA

RA

04/28/2011

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