

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049305

FILED
Apr 15, 2009
Secretary of State

Entity Name: COMPASS INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

4243 HEADSAIL DR
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4243 HEADSAIL DR
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 26-2869082 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)

Name and Address of Current Registered Agent:

THOMASON, MICHAEL D
4243 HEADSAIL DR
NEW PORT RICHEY, FL 34652 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: THOMASON, MICHAEL D
Address: 4243 HEADSAIL DR
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: MICHAEL THOMASON CEO 04/15/2009

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