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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ISRAELSON, DONALD L

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

LJ ASSOCIATES USA INC 440 S TAMIAMI TRAIL OSPREY, FL 34229 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	E: JOHN E BUTLER				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	ISRAELSON, DONALD L	Name	ISRAELSON, NANCY E		
Address	2021 WHITE FEATHER LANE	Address	2021 WHITE FEATHER LANE		
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	NOKOMIS FL 34275		

2021 WHITE FEATHER LANE

### FEI Number: 26-4434876

# DOCUMENT# P09000022506

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: COMPASS INSURANCE BROKERS INC

### **Current Principal Place of Business:**

2021 WHITE FEATHER LANE NOKOMIS, FL 34275

## **Current Mailing Address:**

NOKOMIS. FL 34275 US

# Certificate of Status Desired: No

PRESIDENT

# FILED Apr 14, 2021 Secretary of State 2130757848CC

Date

04/14/2021