

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008175

Entity Name: COMPASS INSURANCE GROUP LLC

Current Principal Place of Business:

1450 JOHNS LAKE RD STE#3
CLERMONT, FL 34711

Current Mailing Address:

PO BOX 120336
CLERMONT, FL 34712

FEI Number: 74-3249602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTHONY, COSCIA
1426 WELSON RD
ORLANDO, FL 32837 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name ANTHONY, COSCIA
Address 1426 WELSON RD
City-State-Zip: ORLANDO FL 32837

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONYCOSCIA

MGR

02/09/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date