

**2023 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:** ANTHONY COSCIA

MGR

04/17/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date