

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000019149

Entity Name: COMPASS INSURANCE SOURCE LLC

Current Principal Place of Business:

18625 STROMBURY DR
LAND O LAKES, FL 34638

Current Mailing Address:

18625 STROMBURY DR
LAND O LAKES, FL 34638 US

FEI Number: 27-5159636

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLIZZI, CYNTHIA
18625 STROMBURY DR
LAND O LAKES, FL 34638 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 MGRM
Name POLIZZI, CYNTHIA
Address 18625 STROMBURY DR
City-State-Zip: LAND O LAKES FL 34638

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: CYNTHIA POLIZZI

OWNER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date