

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000073546

**Entity Name:** COMPOST INVESTMENTS, LLC

**Current Principal Place of Business:**

125 S. STATE ROAD 7, SUITE 104 # 248  
WELLINGTON, FL 33414

**Current Mailing Address:**

125 S. STATE ROAD 7, SUITE 104 # 248  
WELLINGTON, FL 33414

**FEI Number:** 45-5408559

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GABOR, CSECSODI  
125 S. STATE ROAD 7, SUITE 104 # 248  
WELLINGTON, FL 33414 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 KORMENDI, OTTO  
Address DUZ FODOROVA 013  
City-State-Zip: HORGOS SERBIA 24410

Title MGR  
Name GABOR, CSECSODI  
Address 125 S. STATE ROAD 7, SUITE 104 #  
248  
City-State-Zip: WELLINGTON FL 33414

Title MGR  
Name TIBOR, BUCKO  
Address 125 S. STATE ROAD 7, SUITE 104 #  
248  
City-State-Zip: WELLINGTON FL 33414

*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:** GABOR CSECSODI

MGR

06/30/2019

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

\_\_\_\_\_ Date