

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000059738

**Entity Name:** THE INCOMPASS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

3277 FRUITVILLE RD.  
BUILDING B  
SARASOTA, FL 34237

**Current Mailing Address:**

3277 FRUITVILLE RD.  
BUILDING B  
SARASOTA, FL 34237 US

**FEI Number:** 46-2620230

**Certificate of Status Desired:** No

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

MESKO, GARY  
3277 FRUITVILLE RD.  
BUILDING B  
SARASOTA, FL 34237 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 MESKO, GARY  
Address 3277 FRUITVILLE RD., BUILDING B  
City-State-Zip: SARASOTA FL 34237

*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:** GARY MESKO

**MANAGING MEMBER**

**04/28/2014**

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

\_\_\_\_\_  
Date