

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140200

**Entity Name:** COMPASS INSURANCE PARTNERS LLC

**Current Principal Place of Business:**

203 NORTH ARMENIA AVENUE  
SUITE 101  
TAMPA, FL 33609

**Current Mailing Address:**

203 NORTH ARMENIA AVENUE  
SUITE 101  
TAMPA, FL 33609

**FEI Number:** 47-1782950

**Certificate of Status Desired:** No

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

KENNELLY, KYLE M ESQ.  
203 NORTH ARMENIA AVE  
SUITE 101  
TAMPA, FL 33609 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:** KYLE MICHAEL KENNELLY

01/25/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GIBBONS, JONATHAN S  
Address 203 NORTH ARMENIA AVENUE, SUITE 101  
City-State-Zip: TAMPA FL 33609

Title MGR  
Name GIBBONS, JOHN F  
Address 203 NORTH ARMENIA AVENUE, SUITE 101  
City-State-Zip: TAMPA FL 33609

Title SEC  
Name PEACOCK, TRACY M  
Address 203 NORTH ARMENIA AVENUE, SUITE 101  
City-State-Zip: TAMPA FL 33609

Title TREA  
Name GIBBONS, LESLIE A  
Address 203 NORTH ARMENIA AVENUE, SUITE 101  
City-State-Zip: TAMPA FL 33609

*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:** JONATHAN GIBBONS

MANAGING PARTNER

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date