

2015 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

03/04/2015

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 S GIBBONS

MANAGER

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date