

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000151656

Entity Name: COMPASS INSURANCE SERVICES, LLC.

Current Principal Place of Business:

17689 NW 78 AVE
MIAMI, FL 33015

Current Mailing Address:

17689 NW 78 AVE
MIAMI, FL 33015 US

FEI Number: 47-5027423

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MESA LITIGATION & LEGAL COUNSELING, P.A.
4960 SW 72ND AVE,
STE 206
MIAMI, FL 33155 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 MGR
Name GONZALEZ, MELISSA
Address 17689 NW 78 AVE
City-State-Zip: MIAMI FL 33015

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: MELISSA GONZALEZ

MANAGER

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date