

**2016 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 UN

**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**

**04/14/2016**

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

\_\_\_\_\_  
Date