2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000005048

Entity Name: LIBERTY COMPASS LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD **SUITE 1050** CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD **SUITE 1050** CORAL GABLES, FL 33134 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA INC 2121 PONCE DE LEON BLVD **SUITE 1050** CORAL GABLES, FL 33134 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 | : ANTONIO GARCIA | | | 03/22/2024 |
|-------------------------------|--|-----------------|---------------------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBRA | |
| Name | GARCIA, ANTONIO | Name | PARADEDA, MARIANO A | |
| Address | 2121 PONCE DE LEON BLVD STE 1050 | Address | 2121 PONCE DE LEON BLVD SUITE 1050 | |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 | |

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: ANTONIO GARCIA

03/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 22, 2024 Secretary of State 5246968468CC

Certificate of Status Desired: No

MANAGER