

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000178008

Entity Name: COMPASS RESEARCH CYCLING TEAM, LLC**Current Principal Place of Business:**303 GENIUS DRIVE
WINTER PARK, FL 32789**Current Mailing Address:**303 GENIUS DRIVE
SUITE 450
WINTER PARK, FL 32789 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF ORLANDO
303 GENIUS DRIVE
SUITE 450
WINTER PARK, FL 32789 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 | MBR |
| Name | STANTON, SEAN |
| Address | 303 GENIUS DRIVE |
| City-State-Zip: | WINTER PARK FL 32789 |

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|-----------------|----------------------|
| Title | MBR |
| Name | CURTIS, DR. CRAIG |
| Address | 303 GENIUS DRIVE |
| City-State-Zip: | WINTER PARK FL 32789 |

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|-----------------|----------------------|
| Title | MBR |
| Name | LAZARUS, JASON |
| Address | 303 GENIUS DRIVE |
| City-State-Zip: | WINTER PARK FL 32789 |

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|-----------------|----------------------|
| Title | MBR |
| Name | BELL, BRENT |
| Address | 303 GENIUS DRIVE |
| City-State-Zip: | WINTER PARK FL 32789 |

| | |
|-----------------|----------------------|
| Title | MBR |
| Name | LEONARD, JEFF |
| Address | 303 GENIUS DRIVE |
| City-State-Zip: | WINTER PARK FL 32789 |

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: SEAN STANTON**PARTNER****03/18/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date