

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000178008

Entity Name: COMPASS RESEARCH CYCLING TEAM, LLC**Current Principal Place of Business:**1201 S. ORLANDO AVE.
SUITE 450
WINTER PARK, FL 32789**Current Mailing Address:**1201 S. ORLANDO AVE.
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
300 SOUTH ORANGE AVENUE
SUITE 1600 (BCB)
ORLANDO, FL 32801 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 1201 S. ORLANDO AVE.
SUITE 450
City-State-Zip: WINTER PARK FL 32789

Title MBR
Name CURTIS, DR. CRAIG
Address 1201 S. ORLANDO AVE.
SUITE 450
City-State-Zip: WINTER PARK FL 32789

Title MBR
Name LAZARUS, JASON
Address 1201 S. ORLANDO AVE.
SUITE 450
City-State-Zip: WINTER PARK FL 32789

Title MBR
Name BELL, BRENT
Address 1201 S. ORLANDO AVE.
SUITE 450
City-State-Zip: WINTER PARK FL 32789

Title MBR
Name STARR, MICHAEL
Address 1201 S. ORLANDO AVE.
SUITE 450
City-State-Zip: WINTER PARK FL 32789

Title MBR
Name LEONARD, JEFF
Address 1201 S. ORLANDO AVE.
SUITE 450
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: BRENT BELL**MEMBER****03/06/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date