

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000187647

Entity Name: SP COMPASS MANAGER LLC**Current Principal Place of Business:**5403 WEST GRAY STREET
TAMPA, FL 33609**Current Mailing Address:**2430 ESTANCIA BOULEVARD, SUITE 14
CLEARWATER, FL 33761**FEI Number:** 32-0541791**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRUSTEE AND CORPORATE SERVICES, INC.
2430 ESTANCIA BOULEVARD, SUITE 114
CLEARWATER, FL 33761 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 SP AND MS LLC
Address 5403 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title MGR
Name PAGE, J DAVID
Address 5403 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title VP
Name SECKINGER, SCOTT
Address 5403 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title VP
Name MOLINARI, MICHAEL
Address 5403 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title VP
Name HEFFNER, BRIANNE
Address 5403 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

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: SP AND MS LLC

MANAGER

02/24/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date