

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000019024

**Entity Name:** KEY WEST COMPASS, LLC

**Current Principal Place of Business:**

333 FLEMING STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 6422  
KEY WEST, FL 33041 US

**FEI Number:** 81-5128821

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLITENICK, RICHARD M ESQ.  
1009 SIMONTON STREET  
KEY WEST, FL 33040 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 BEHMKE, MICHAEL R  
Address PO BOX 6422  
City-State-Zip: KEY WEST FL 33041

*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:** MICHAEL BEHMKE

**PRESIDENT**

**02/08/2023**

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

\_\_\_\_\_  
Date