

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000006813

**Entity Name:** COMPASS INSURANCE ADVISORS LLC

**Current Principal Place of Business:**

6355 NW 36 ST., STE. 309  
MIAMI, FL 33166

**Current Mailing Address:**

6355 NW 36 ST., STE. 309  
MIAMI, FL 33166 US

**FEI Number: 83-3144465**

**Certificate of Status Desired: Yes**

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

PEREZ, DANIEL J  
14964 SW 9TH LANE  
MIAMI, FL 33194 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 MADRIGAL, RAMON  
Address 6355 NW 36 ST., STE. 309  
City-State-Zip: MIAMI FL 33166

*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: RAMON MADRIGAL**

**MANAGER**

**09/25/2020**

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

\_\_\_\_\_ Date