

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000276232

**Entity Name:** COMPASS INSURANCE PARTNERS LLC

**Current Principal Place of Business:**

7466 CORTEZ ROAD WEST  
#255  
BRADENTON, FL 34210

**Current Mailing Address:**

7466 CORTEZ RD W  
#255  
BRADENTON, FL 34210 US

**FEI Number:** 84-3799981

**Certificate of Status Desired:** No

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

KNAB, JERRY  
7466 CORTEZ ROAD WEST  
255  
BRADENTON, FL 34210 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 MGRM  
Name KNAB, JERRY  
Address 7466 CORTEZ ROAD WEST  
255  
City-State-Zip: BRADENTON FL 34210

Title MGRM  
Name SHARKEY, BRIAN  
Address 7466 CORTEZ ROAD WEST  
#255  
City-State-Zip: BRADENTON FL 34210

*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:** JERRY KNAB

**MANAGER**

**01/20/2023**

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

\_\_\_\_\_  
Date