

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002302

**Entity Name:** COMPASS LCS, LLC

**Current Principal Place of Business:**

2400 YORKMONT RD.  
C/O TAX DEPT  
CHARLOTTE, NC 28217

**Current Mailing Address:**

2400 YORKMONT RD.  
C/O TAX DEPT  
CHARLOTTE, NC 28217 US

**FEI Number:** 27-0147289

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           SOLE MEMBER  
Name           COMPASS GROUP USA INC  
Address        C/O TAX DEPT; 2400 YORKMONT  
                  ROAD  
City-State-Zip: CHARLOTTE NC 28217

Title           CFO  
Name           MEREDITH, ADRIAN  
Address        2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

Title           TREASURER  
Name           THOMAS, DANIEL  
Address        2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

Title           EXE VP, GENERAL COUNSEL &  
                  SECRETARY  
Name           MCCONNELL, JENNIFER  
Address        2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

Title           ASSISTANT SECRETARY  
Name           BRIOTTE, KRISTEN  
Address        2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

Title           PRESIDENT  
Name           ALESSIO, PETER  
Address        2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

Title           ASST. SECRETARY  
Name           ROSSITCH, RICHARD  
Address        2400 YORKMONT RD.  
City-State-Zip: CHARLOTTE NC 28217

*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:** JENNIFER MCCONNELL

**EXE VP, GC AND  
SECRETARY**

**04/04/2024**

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

\_\_\_\_\_  
Date