

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012588

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: COMPASS CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

8019 N. HIMES AVE  
SUITE 401  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8019 N. HIMES AVE  
SUITE 401  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3677516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINES, JAMES P  
315 SOUTH HYDE PARK AVENUE  
HINES NORMAN & ASSOCIATES, P.L.  
TAMPA, FL 33606 US

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

MEYERSON, BARRY  
1211 N. WEST SHORE BLVD. #211  
TAMPA, FL 33607 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: BARRY MEYERSON

01/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FALK, LEE R  
Address: 12077 GANDY BLVD. #343  
City-St-Zip: ST. PETE, FL 33702

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FALK, LEE R  
Address: 8019 N. HIMES AVE. #401  
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LEE R FALK

MGRM

01/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date