

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90017 025 *****50.00

DOCUMENT # L01000022451

1. Entity Name

COMPASS MARKETING PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

820526

2. Principal Place of Business

434 N.E. 102 St.

Suite, Apt. #, etc.

3. Mailing Address

434 N.E. 102 St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Shores, FL

City & State

Miami Shores, FL

4. FEI Number

80-0023786

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

33138

Country

USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Melissa Frantz

Street Address (P.O. Box Number is Not Acceptable)

434 N.E. 102 St.

City

Miami Shores, FL

Zip Code

33138

**DO NOT WRITE
IN THIS SPACE**

8. 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

Melissa Frantz

Signature, typed or printed name of registered agent and title if applicable.

2/21/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Secretary/Treasurer
Melissa Frantz
434 N.E. 102 St.
Miami Shores, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
George Mills
434 N.E. 102 St.
Miami Shores, FL 33138

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Melissa Frantz (Managing Member)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/21/02 (305) 754-5886

Daytime Phone #

CR2E083B (12/01)