

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024553

FILED
May 10, 2008
Secretary of State

Entity Name: COMPASS CONSULTING, LLC

Current Principal Place of Business:

3030 NE 19TH STREET
FT. LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

3030 NE 19TH STREET
FT. LAUDERDALE, FL 33305

New Mailing Address:

FEI Number: 20-0072762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BOEHLER, MARIA C
3030 N E 19TH STREET
FT LAUDERDALE, FL 33305 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: MARIA CRISTINA BOEHLER

05/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOEHLER, MARIA C
Address: 3030 NE 19TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33305

Title: MGR () Delete
Name: CAMPO, MARIA GABRIELA
Address: 3030 NE 19TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA CRISTINA BOEHLER

MS

05/10/2008

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