

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90498 017 ****50.00

DOCUMENT # L03000034719

1. Entity Name
COMPASS EXPRESS, LLC



Principal Place of Business

60 COMPASS LANE
BOCA RATON, FL 33308 US

Mailing Address

60 COMPASS LANE
BOCA RATON, FL 33308 US

2. Principal Place of Business

757 SE 17th Street #274

Suite, Apt. #, etc.

3. Mailing Address

757 SE 17th Street #274

Suite, Apt. #, etc.



03052004 Chg-LLC CR2E083 (10/03)

City & State

Ft. Lauderdale, FL

Zip

33316

Country

Broward

City & State

Ft. Lauderdale, FL

Zip

33316

Country

Broward

4. FEI Number

20-0219290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, THOMAS J.
648 MAYPOW COURT
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM DRIAC, LLC ☐ Delete
STREET ADDRESS 60 COMPASS LANE
CITY-ST-ZIP BOCA RATON, FL 33308

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM DRIAC, LLC ☒ Change ☐ Addition
STREET ADDRESS 60 Compass Lane
CITY-ST-ZIP Ft. Lauderdale FL 33308

TITLE NAME MGRM ☐ Change ☒ Addition
STREET ADDRESS Merle Smith Luxury Homes, Inc.
CITY-ST-ZIP 757 SE 17th Street #274
Ft. Lauderdale, FL 33316

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Merle Smith MERLE SMITH 3/30/04 954-462-5257