

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036674

FILED
Jan 04, 2008
Secretary of State

Entity Name: COMPASS EMPLOYEE BENEFITS GROUP, LLC

Current Principal Place of Business:

7735 NW 146TH STREET
SUITE 303
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

7735 NW 146TH STREET
SUITE 303
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-2692564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDRO, ZAMORA L
7735 NW 146TH STREET
SUITE 303
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ, SERGIO
Address: 7735 NW 146TH STREET, SUITE 303
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM () Delete
Name: MARRERO, ROLANDO
Address: 7735 NW 146TH STREET, SUITE 303
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGRM () Delete
Name: ZAMORA, PEDRO L
Address: 7735 NW 146TH STREET, SUITE 303
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

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

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: PEDRO ZAMORA

MMGR

01/04/2008

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