

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048086

Entity Name: COMPASS GROUP LC

FILED  
Apr 27, 2008  
Secretary of State

**Current Principal Place of Business:**

9280 SW 123 COURT #S-307  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

9280 SW 123 COURT #S-307  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 20-2847573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALZMANN-ALANDIA, MICHELLE  
9280 SW 123 COURT #S307  
MIAMI, FL 33186 US

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

WELLS SALZMANN, MICHELLE  
9280 SW 123 COURT #S307  
MIAMI, FL 33186 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: MICHELLE WELLS SALZMANN

04/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WELLS, DANIEL  
Address: 9280 SW 123 COURT #S307  
City-St-Zip: MIAMI, FL 33186

Title: MGRM ( ) Delete  
Name: SALZMANN-ALANDIA, MICHELLE  
Address: 9280 SW 123 COURT #S307  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: WELLS SALZMANN, MICHELLE  
Address: 9280 SW 123 COURT #S307  
City-St-Zip: MIAMI, FL 33186

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: MICHELLE WELLS SALZMANN

MGRM

04/27/2008

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