

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000063590

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** COMPASS STRATEGIES, LLC

**Current Principal Place of Business:**

777 S. FLAGLER DR  
WEST TOWER SUITE 800  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

777 S. FLAGLER DR  
WEST TOWER SUITE 800  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 20-3156020      **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:**

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

PENKALA, JOSEPH G  
777 S FLAGLER DR  
WEST TOWER SUITE 800  
WEST PALM BEACH, FL 33401 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: JOSEPH G. PENKALA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** PENKALA, JOSEPH G  
**Address:** 777 S. FLAGLER DR, WEST TOWER, SUITE 800  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

**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: JOSEPH G. PENKALA

MGR

02/27/2009

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