

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90048 007 \*\*\*\*50.00

**DOCUMENT # L05000076129**

1. Entity Name  
**KOMPASS MAINTENANCE COMPANY, LLC**



Principal Place of Business  
**6265 SCOTT LANE  
FORT MYERS, FL 33912**

Mailing Address  
**6265 SCOTT LANE  
FORT MYERS, FL 33912**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**20-3251880**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TSAGARIS, PATRICIA  
6265 SCOTT LANE  
FORT MYERS, FL 33912**

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TSAGARIS, PATRICIA  
6265 SCOTT LANE  
FORT MYERS, FL 33912** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Tsagaris, Kostantinos  
6265 Scott Lane, Fort Myers, FL  
33912** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.

**SIGNATURE: Patricia Tsagaris**

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

Date

Daytime Phone #

**4-11-06 239561-4197**

ATTACHMENT



20031191  
#FLOS0000076129

**SHEPPARD, BRETT, STEWART, HERSCH & KINSEY P.A.**

ATTORNEYS AT LAW  
FIRM ESTABLISHED 1924

JAY ANDREW BRETT  
JOHN F. STEWART +  
CRAIG R. HERSCH \*\*  
D. HUGH KINSEY, JR.  
MICHAEL B. HILL

9100 COLLEGE POINTE COURT  
FORT MYERS, FLORIDA 33919  
(239) 334 - 1141 PHONE  
(239) 334 - 3965 FAX

**ELECTRONIC MAIL:**

brett@sbshlaw.com  
stewart@sbshlaw.com  
hersch@sbshlaw.com  
kinsey@sbshlaw.com  
hill@sbshlaw.com

OF COUNSEL  
JOHN W. SHEPPARD \*

[www.sbshlaw.com](http://www.sbshlaw.com)

\* BOARD CERTIFIED: WILLS, TRUSTS & ESTATES  
^ CERTIFIED PUBLIC ACCOUNTANT (FL)  
+ ALSO ADMITTED IN IOWA

April 12, 2006

**VIA CERTIFIED MAIL**  
**7002 2410 0001 4458 1674**

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

RE: KOMPASS MAINTENANCE COMPANY, LLC

Dear Sir or Madam:

Enclosed, please find the original Annual Report for the above referenced company. We have also included our client's check in the amount of \$50.00 payable to the Florida Department of State. I understand that you will be filing this before the May 1, 2006 deadline.

Should you have any questions or comments, please do not hesitate to contact me.

Kind regards,

SHEPPARD, BRETT, STEWART, HERSCH & KINSEY, P.A.

Michael B. Hill

MBH/mkd  
Enclosures