

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076129

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: KOMPASS MAINTENANCE COMPANY, LLC

## Current Principal Place of Business:

6265 SCOTT LANE  
FORT MYERS, FL 33912

## New Principal Place of Business:

551 EDWARD LANE  
CAMPBELL, OH 44405

## Current Mailing Address:

6265 SCOTT LANE  
FORT MYERS, FL 33912

## New Mailing Address:

551 EDWARD LANE  
CAMPBELL, OH 44405

FEI Number: 20-3251880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TSAGARIS, PATRICIA  
6265 SCOTT LANE  
FORT MYERS, FL 33912 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: MGR ( ) Delete  
Name: TSAGARIS, PATRICIA  
Address: 6265 SCOTT LANE  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: TSAGARIS, KOSTANTINOS  
Address: 6265 SCOTT LN  
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete  
Name: TSAGARIS, MICHAEL  
Address: 6265 SCOTT LANE  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TSAGARIS, KOSTANTINOS  
Address: 551 EDWARD LANE  
City-St-Zip: CAMPBELL, OH 44405

Title: MGR (X) Change ( ) Addition  
Name: TSAGARIS, PATRICIA  
Address: 551 EDWARD LANE  
City-St-Zip: CAMPBELL, OH 44405

Title: MGR (X) Change ( ) Addition  
Name: TSAGARIS, MICHAEL  
Address: 551 EDWARD LANE  
City-St-Zip: CAMPBELL, OH 44405

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: KOSTANTINOS TSAGARIS

MM/M

04/08/2008

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