

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085751

FILED
May 01, 2008
Secretary of State

Entity Name: COMPASS COMMUNICATIONS, LLC

Current Principal Place of Business:

1625 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317

New Principal Place of Business:

1650 SUMMIT LAKE DRIVE
SUITE 101
TALLAHASSEE, FL 32317

Current Mailing Address:

1625 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317

New Mailing Address:

1650 SUMMIT LAKE DRIVE
SUITE 101
TALLAHASSEE, FL 32317

FEI Number: 83-0441246 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:

HAYES, ROB
5537 EASTON GLEN DRIVE
TALLAHASSEE, FL 32317 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: HAYES, ROB
Address: 5537 EASTON GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Delete
Name: HAYES, LISA
Address: 5537 EASTON GLEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

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: ROB HAYES

MGRM

05/01/2008

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