

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000038833

**FILED  
Feb 16, 2011  
Secretary of State**

**Entity Name:** COMPASS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

7406 S.W. 105TH COURT  
MIAMI, FL 33173 29

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 830604  
MIAMI, FL 33283

**New Mailing Address:**

P.O. BOX 830604  
MIAMI, FL 33283 US

**FEI Number:** 20-8824088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPO, LISBET ESQ.  
10041 BIRD ROAD  
MIAMI, FL 33165 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  
Name: HERNANDEZ, LETICIA  
Address: P.O. BOX 830604  
City-St-Zip: MIAMI, FL 33283 06

I hereby 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: LETICIA HERNANDEZ

MGRM

02/16/2011

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