2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061279

City-St-Zip: PALM BEACH GARDENS, FL 33418

Entity Name: COMPASS INSURANCE SERVICES, LLC

FILED Apr 23, 2009 Secretary of State

Current P	rincinal Place	e of Business:	New Principal Plac	re of Rusiness
	ALD ROSS R		new i inicipal i la	or or business.
SUITE 112	2			
PALM BEA	ACH GARDEN	S, FL 33418		
Current Mailing Address:			New Mailing Address:	
SUITE 112	ALD ROSS R 2 ACH GARDEN			
		·		
FEI Number:	: 26-0362037	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
The above	ACH GARDEN named entity of Florida.	,	ourpose of changing its registe	red office or registered agent, or both
Electronic Signature of Registered Agen			nt Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MYERS, LIDÀ 13 TALAVERA) Delete PLACE GARDENS, FL 33418	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PETILLO, SHA 205 OLD MEA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (FIXLER, LORF		Title: Name:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: LIDA MYERS MGR 04/23/2009