

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079425

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** COMPASS MANAGEMENT, LLC

**Current Principal Place of Business:**

643 HARBOR ISLAND  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20706  
TAMPA, FL 33623

**New Mailing Address:**

PO BOX 20706  
TAMPA, FL 33622

**FEI Number:** 42-1736279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LACOGNATA, CARMINE J  
643 HARBOR ISLAND  
CLEARWATER, FL 33767 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:** LACOGNATA, CARMINE J  
**Address:** 643 HARBOR ISLAND  
**City-St-Zip:** CLEARWATER, FL 33767

**Title:** MGRM  
**Name:** HERRICK, FONDA L  
**Address:** 14820 RUE DE BAYONNE #608  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** MGRM  
**Name:** TIPPIN, MICHAEL J  
**Address:** PO BOX 24613  
**City-St-Zip:** TAMPA, FL 33623

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:** FONDA L HERRICK

MGRM

04/19/2011

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