2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# L08000008175

Entity Name: COMPASS INSURANCE GROUP LLC

Current Principal Place of Business:

1450 JOHNS LAKE RD
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1426 WELSON RD
ORLANDO, FL 32837

New Mailing Address:

PO BOX 120336
CLERMONT, FL 34712

FEI Number: 74-3249602 **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:

ANTHONY, COSCIA
1426 WELSON RD
ORLANDO, FL 32837 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: ANTHONY, COSCIA
Address: 1426 WELSON RD
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

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: ANTHONY COSCIA PRES 05/06/2009

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