

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038833

Entity Name: COMPASS INSURANCE AGENCY, LLC

Current Principal Place of Business:

2951 NW 21 TERRACE
MIAMI, FL 33142-7019

Current Mailing Address:

P.O. BOX 830604
MIAMI, FL 33283-0604 US

FEI Number: 20-8824088

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPO, LISBET ESQ.
10041 BIRD ROAD
MIAMI, FL 33165 US

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

Authorized Person(s) Detail :

Title MGRM
Name HERNANDEZ, LETICIA
Address P.O. BOX 830604
City-State-Zip: MIAMI FL 33283-0604

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LETICIA HERNANDEZ

PRINCIPAL/OWNER

03/22/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date