

**2017 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**

**PRESIDENT**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date