## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000178987

Entity Name: COMPASS INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:** 

2324 S CONGRESS AVE STE #2A WEST PALM BEACH, FL 33406

## **Current Mailing Address:**

2324 S CONGRESS AVE #2A WEST PALM BEACH. FL 33406 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ARANA, MARILU 2324 S CONGRESS AVE #2A WEST PALM BEACH, FL 33406 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

**FILED** Apr 30, 2019

**Secretary of State** 

6846676348CC

## Authorized Person(s) Detail:

Title

Name ARANA, MARILU

Address 2324 S CONGRESS AVE #2A City-State-Zip: WEST PALM BEACH FL 33406

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: MARILU ARANA **MANAGER**