

2024 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

Authorized Person(s) Detail :

Title AR
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

AR

04/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date