

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000139773

Entity Name: COMPASS TRIPLEX LLC

Current Principal Place of Business:

1319 LAKESHORE BLVD
TAVARES FL 32778

Current Mailing Address:

1319 LAKESHORE BLVD
TAVARES FL 32778 US

FEI Number: 93-2482868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROOME, ZACHARY T
600 JENNINGS AVE
EUSTIS, FL 32726 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	MGR	Title	MGR
Name	SCOTT, JOANNA P	Name	SCOTT, THOMAS G
Address	1319 LAKESHORE BLVD	Address	1319 LAKESHORE BLVD
City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778

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: JOANNA P. SCOTT

MANAGER

03/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date