

L 24000493173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

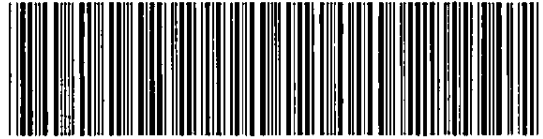
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000023375

Office Use Only



600418864526

11/13/23--01028--010 **55.00

01/11/24--01031--001 **99.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV 13 AM 3:52

FILED

2/29/2024

Ref: COMPAC CONCRETE CONSTRUCTION LLC
Doc# W24000023375

Whom it may concern:

I would like to withdraw my amendment request with document number# W24000023375. Instead, I want to enter a new filing request, please review form attached.

The money for the amendment please use it for this new filing request.

Sincerely,



Ingrid Moncada

P.S – Any questions/concerns please reach me at ilmoncada@icloud.com or 352.209.2681.

2024 MAR 26 14:59

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: COMPAC CONCRETE CONSTRUCTION LLC (W24000023375)

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Collin Earle

Name of Person

Compac Concrete Construction LLC

Firm/Company

102 Landing Way #4B

Address

Winter Haven, FL 33880

City/State and Zip Code

compaccllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Collin Earle (Ingrid Moncada)	407	223-7710 (352-209-2681)
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPAC CONCRETE CONSTRUCTION LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

102 Landing Way #4B
Winter Haven, FL 33880

Mailing Address:

102 Landing Way #4B
Winter Haven, FL 33880

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Collin Earle
Name

102 Landing Way #4B
Florida street address (P.O. Box **NOT** acceptable)

<u>Winter Haven</u>	<u>FL</u>	<u>33880</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Collin Earle
102 Landing Way #4B
Winter Haven, FL 33880

(Use attachment if necessary)

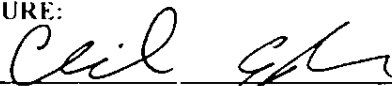
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Collin Earle

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2024 NOV 13 AM 3:52

FILED