

P11000052817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

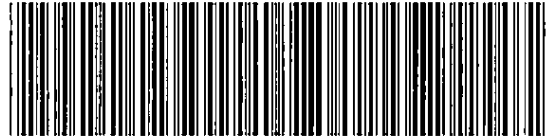
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100418867391

Resignation of  
RA

11/13/23--01024--008 \*\*35.00

FILED  
2023 NOV 13 PM 12:45  
CLERK OF COURT  
JANUARY 1, 2025

A. T. ...  
DEC 7 2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Compac Concrete Inc.  
(Name of Corporation)

DOCUMENT NUMBER: D11000052817

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Collin Earle  
(Name of Person)

Compac Concrete Inc.  
(Name of Firm/Company)

852 Ave. S. NE.  
(Address)

Winter Haven, FL 33881  
(City/State and Zip Code)

For further information concerning this matter, please call:

Collin Earle at ( 407-223-7710 ) (anytime)  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED

2023 NOV 13 PM 12 45

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Collin Earle  
(Name of Registered Agent)

hereby resigns as Registered Agent for Compac Concrete Inc.  
(Name of Corporation)

P11000052817  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, FL 32314**