

P17000033174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

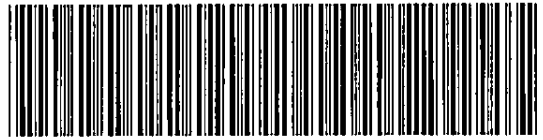
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 25 2023

Office Use Only



500404583535

03/15/23--01024--027 **262.50

FILED
2023 MAR 15 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPASS HEALTHCARE, INC.

(Name of Corporation)

DOCUMENT NUMBER: P17000033174

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:

Brittney Fulghum

(Name of Person)

LegalCorp Solutions, LLC

(Name of Firm/Company)

3 Greenway Plaza Ste 1320

(Address)

Houston, TX 77046

(City/State and Zip Code)

For further information concerning this matter, please call:

Brittney Fulghum at (888) 534-3018

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

Florida Statutes, the undersigned, LegalCorp Solutions LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for COMPASS HEALTHCARE, INC.

(Name of Corporation)

P17000033174

(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.

2023 MAR 14 PM 5:24
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED



(Signature of Resigning Agent)

If signing on behalf of an entity:

Travis Crabtree

(Typed or Printed Name)

Member

(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