

L11000049427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

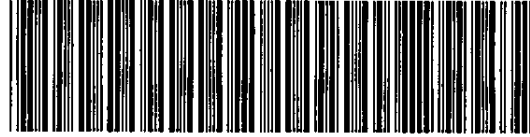
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 10 2014
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CROWN LAKES TRACT 7A, LLC, a Florida limited liability company
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cindy McGaughan
Name of Person
Greg Dworzanowski, P.A.
Firm/Company
611 W. Bay Street, Suite G
Address
Tampa, FL 33606
City/State and Zip Code
cmm@gwdpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy McGaughan at (**813**) **252-2900**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael J. Leeds	8902 N. Dale Mabry Highway, #200	<input type="checkbox"/> Add
		Tampa, FL 33614	<input checked="" type="checkbox"/> Remove
MGR	Mitchell F. Rice	8902 N. Dale Mabry Highway, #200	<input type="checkbox"/> Add
		Tampa, FL 33614	<input checked="" type="checkbox"/> Remove
MGR	Crown Lakes, L.L.C.	8902 N. Dale Mabry Highway, #200	<input checked="" type="checkbox"/> Add
		Tampa, FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 6, 2014

al 7

Signature of a member or authorized representative of a member

Michael J. Leeds

Typed or printed name of signee

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FALL GOSSETT FLORENDA