104000010998

(Re	equestor's Name)	_	
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	· #)	
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PICK-UP	☐ WAIT	MAIL	
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· (Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	Certificates of Status		
Special Instructions to	Tille - Office		
Special Instructions to	Filing Officer:	,	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2005 IIII -6 PM L: 18



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Crown Acquisitions, LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for	filing	3 .
Please return all correspondence concerning this matter to the following:		
Susan Matin (Name of Person)		
(Firm/Company)		
4900 N. Oclan Blvd #511 (Address)	ال 2006	SECF
Lauderdale-by-the-Sea, FL 33308 (City/State and Zip Code)	UL-6 PH	RETARY OF S IN OF CORPOR
For further information concerning this matter, please call:	÷: =	TATE
Jennifer Greenfield at (954) 612-8253 (Name of Person) (Area Code & Daytime Telephone Number)	8	₹ 7
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
CR2E079 (8/05) \$25 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, SUSAN MACHN hereby resign as MARM	
of Crown Acquisitions, UC (Doc# (Title) (L04000010998)	
(Limited Liability Company)	
a limited liability company organized under the laws of the State of Floridg	···•
and affirm that the limited liability company has been notified in writing of the resignation.	
(Signature of resigning manager, managing member or member)	
(2

FILING FEE IS \$25.00

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