

L070000027265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

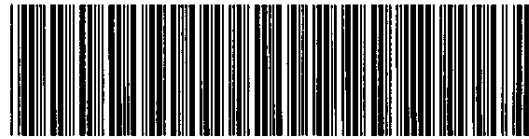
(Business Entity Name)

(Document Number)

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

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04/21/14--01007--003 \*\*25.00

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2014 MAY 13 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 14 2013  
T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COLLEGE CROSSINGS, LLC**

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:

**JOHN T. LOOS, JR.**

Name of Person

**COLLEGE CROSSINGS, LLC**

Firm/Company

**1815 CORDOVA ROAD, SUITE 210**

Address

**FORT LAUDERDALE, FL 33316**

City/State and Zip Code

**annualreports@firstlauderdale.com**

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

For further information concerning this matter, please call:

**MEGAN A. RAMOS**

Name of Person

at ( **954** ) **522-4500**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**John T. Loos**  
**1815 Cordova Road, Ste 210**  
**Fort Lauderdale, FL 33316**  
**954 522 4500 ext 122**

Date: 5/9/14

To: Florida Department of State  
Division of Corporations

From: John T. Loos  
954 522 4500 ext 122  
Email: [linda@firstlauderdale.com](mailto:linda@firstlauderdale.com) (Linda Williams, Assistant to John T. Loos)

RE: name change request for L07000027265 – College Crossings, LLC

Per your instructions, we are submitting another name request. If you have questions about this request please contact my office assistant, Linda Williams.

Thank you for your attention to this.

Sincerely,

John T. Loos



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2014

JOHN T LOOS JR  
1815 CORDOVA RD  
STE 210  
FT LAUDERDALE, FL 33316

SUBJECT: COLLEGE CROSSINGS, LLC  
Ref. Number: L07000027265

We have received your document for COLLEGE CROSSINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 214A00008794

## COLLEGE CROSSINGS, LLC

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TALLAHASSEE, FLORIDA

If amending the Manager's 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA

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

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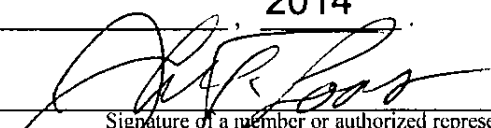
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 APRIL 10, 2014



Signature of a member or authorized representative of a member

JOHN T. LOOS, JR.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA