

LO7000094038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

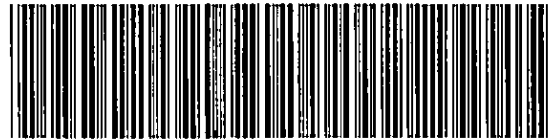
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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2018

JOHN A KOEGEL  
3302 TALA LOOP  
LONGWOOD, FL 42779

SUBJECT: CROWN ASSOCIATES, LLC  
Ref. Number: L07000094038

RECEIVED  
2018 AUG -6 AM 10:31

We have received your document for CROWN ASSOCIATES, 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 appropriate places. One or more ~~major~~ words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000054791.

Please return the corrected original and one copy of 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.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 418A00015442

NEW SELECTED NAME Attached -  
CROWN COMMERCE, LLC.

*JA Koegel*

assig  
6  
11

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

~~CROWN GROUP ASSOCIATES, LLC~~ CROWN COMMACE LLC

### 3302 TALA LOOP

LONGWOOD, FLORIDA 42779

3302 TALA LOOP

LONGWOOD, FLORIDA 42779

Enter Florida street address

## Florida

City

Zip Code

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ELLEN H. HARDYMON	2000 BETHEL ROAD	<input type="checkbox"/> Add
		COLUMBUS, OH 43220	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID A. H. RAPAPORT	18 EAST 48TH STREET	<input type="checkbox"/> Add
		NY, NY 10017	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN A. KOEGEL	3302 TALA LOOP	<input type="checkbox"/> Add
		LONGWOOD, FL 42779	<input type="checkbox"/> Remove
		CHANGE - MGR TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	PHILIPP D. NICK	7652 SAWMILL ROAD	<input checked="" type="checkbox"/> Add
		SUITE 364	<input type="checkbox"/> Remove
		DUBLIN, OH 43016	<input type="checkbox"/> Change
AMBR	JOHN R. PINE	4169 SUDBROOK SQ W.	<input checked="" type="checkbox"/> Add
		NEW ALBANY, OH 43054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERT LEE SMITH	9995 GATE PARKWAY NORTH	<input checked="" type="checkbox"/> Add
		SUITE 300	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32246	<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 21, 2018

Signature of a member or authorized representative of a member

JOHN A. KOEGL  
Typed or printed name of signee

719 9-1-33 19