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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **COAL LAKE WORTH 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:

**David Silberstein**

Name of Person

**C/O Coal Capital Group**

Firm/Company

**1377 E. 4th Street 4th Floor**

Address

**Brooklyn, NY 11230**

City/State and Zip Code

**davids@coalcapitalgroup.com**

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

For further information concerning this matter, please call:

**David Silberstein**

Name of Person

at **(718) 682-2600 Ext. 201**

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

COAL LAKE WORTH LLC

Page 1 of 3

- \* 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	COAL CAPITAL GROUP LLC	1377 E. 4th Street	<input type="checkbox"/> Add
		4th Floor	<input checked="" type="checkbox"/> Remove
		Brooklyn, NY 11230	
MGR	COAL CAPITAL HOLDINGS LLC	C/O COAL CAPITAL GROUP	<input checked="" type="checkbox"/> Add
		1377 E. 4 Street 4th Floor	<input type="checkbox"/> Remove
		Brooklyn, NY 11230	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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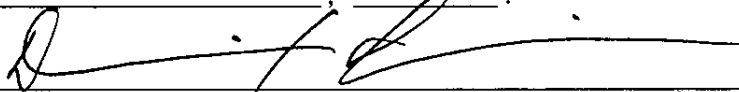
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 August 06 2014



Signature of a member or authorized representative of a member

David Silberstein

Typed or printed name of signee

FILED  
2014 AUG 12 11:57  
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JACKSONVILLE, FLORIDA