

L10000091503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

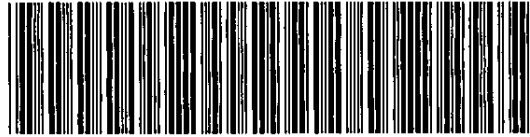
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2015
J BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRP II- Lauderdale Manor, 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:

Sara L Delaney

Name of Person

Forge Capital Partners

Firm/Company

2501 S. MacDill Ave

Address

Tampa FL 33629

City/State and Zip Code

Sdelaney@forgecapitalpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara L Delaney

Name of Person

at (813)

Area Code

574-6763

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

CRP 11- Lauderdale Manor, LLC

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>
<u>mGR</u>	<u>CRP II Partners LLC</u>	<u>2501 S. MacDill Ave</u>	<input type="checkbox"/> Add
		<u>Tampa FL 33629</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mGR</u>	<u>GAOF I - Lauderdale Manor, LLC</u>	<u>2501 S. MacDill Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33629</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 9, 2015

Signature of a member or authorized representative of a member

Debbie Moreyn Vice President
Typed or printed name of signer

Typed or printed name of signee