

L13000176820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

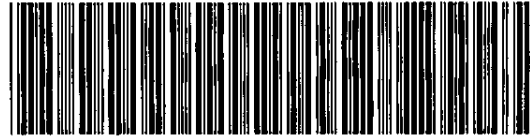
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

P

600000 JAN 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ROYAL CROWN DEVELOPERS 1, 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:

FRANK SPAZIANO

Name of Person

Firm/Company

13605 S DIXIE HWY 434

Address

MIAMI, FL 33156

City/State and Zip Code

FRANKSPAZIANO@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD C POLLOCK

Name of Person

at **954 726-2537**

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

ROYAL CROWN DEVELOPERS 1, LLC

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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>
AMBR	SAM JAZAYRI	3001 W HALLANDALE BCH BLVD	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		PEMBROKE PARK, FL 33009	
AMBR	JOHN TAVONE	3001 W HALLANDALE BCH BLVD	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		PEMBROKE PARK, FL 33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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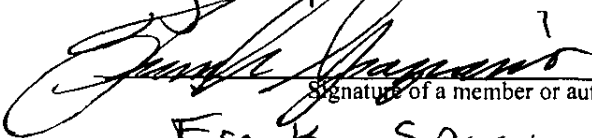
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated January 8, 2014.



Signature of a member or authorized representative of a member

Frank Spaziano

Typed or printed name of signee

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Filing Fee: \$25.00

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