

L20 000 11087Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

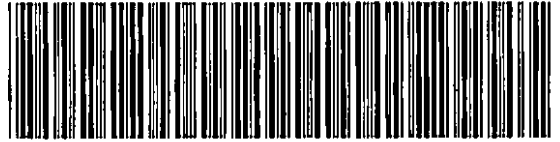
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200354795652

11/10/20--01009--006 **25.00

2021 MAY 20 PM 2:57

O SIMMONS

MAY 25 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2020

THOMAS DAVISON
3300 S DIXIE HWY #1-701
W PALM BEACH, FL 33405

SUBJECT: CREST CAPITAL INVESTMENTS, LLC
Ref. Number: L20000110872

We have received your document for CREST CAPITAL INVESTMENTS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 020A00025477

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREST CAPITAL INVESTMENTS, 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:

THOMAS DAVISON

Name of Person

CREST CAPITAL INVESTMENTS, LLC

Firm/Company

3300 S. DIXIE HWY SUITE 1-701

Address

WEST PALM BEACH, FL 33405

City/State and Zip Code

CRESTCAPITALINVESTMENTS@GMAIL.COM

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

For further information concerning this matter, please call:

THOMAS DAVISON

904

525-1571

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

1

2022 MAY 20 PM 2:57

1


If Changing Registered Agent, Signature of New Registered Agent

2022 MAY 20 PM 2: 57

(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)

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

2020


Signature of a member or author

Signature of a member or authorized representative of a member

THOMAS DAVISON

Typed or printed name of signee

Filing Fee: \$25.00