

mia000w2528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

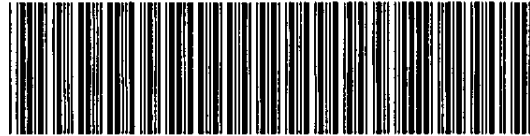
(Business Entity Name)

(Document Number)

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2015 SEP 25 P 2:53  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 28 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2015

ROCHELLE L KLINE  
3100 BRECKINRIDGE BOULEVARD, SUITE 725  
DULUTH, GA 30096

SUBJECT: CROWN ASSET MANAGEMENT OF GEORGIA, LLC  
Ref. Number: M12000002528

We have received your document for CROWN ASSET MANAGEMENT OF GEORGIA, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE NAME CROWN ASSET MANAGEMENT, LLC WILL NOT BE AVAILABLE UNTIL 09/27/15 PLEASE RESUBMIT FORM VIA FAX ON THAT DATE TO MY ATTENTION

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 615A00018823

## **COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crown Asset Management, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M12000002528

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rochelle L. Kline

(Name of Contact Person)

Crown Asset Management, LLC

(Firm/Company)

3100 Breckinridge Blvd., Suite 725

(Address)

Duluth, GA 30096

(City/State and Zip Code)

For further information concerning this matter, please call:

James A. Terwoord

(Name of Contact Person)

at ( 770 ) 817-6700 x 412

(Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RESOLUTION TO WITHDRAW  
ALTERNATE NAME IN THE STATE OF  
FLORIDA PURSUANT TO  
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of  
Crown Asset Management, LLC, a limited liability  
(Name of Limited Liability Company)

company duly organized and existing under the laws of Georgia, USA  
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112,  
Florida Statutes, the limited liability company hereby renounces the following  
alternate name in the state of Florida:

Crown Asset Management of Georgia, LLC  
(Alternate Name Renounced in State of Florida)

  
\_\_\_\_\_  
Signature of Authorized Person

8/31/2015

\_\_\_\_\_  
Date

**Make check payable to Florida Department of State and mail to:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

CR2E128 (2/14)

**FILED**  
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