M1300000433

(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:		
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COVER LETTER

Division of Corporations		
SUBJECT: Crown & (Name of Limit	ed Liability Company)	
The enclosed member, managing member or rafiling.	manager resignation and fee(s) are submitted for	
Please return all correspondence concerning th	nis matter to:	
Tatrick Trake (Contact Person)		
Crown Servicing (Firm/Company)	CLC	
4337 Sea Groce or (Address)		
Lower dale by the sea Fl (City State and Zip Code)	333%	
For further information concerning this matter	, please call:	
Paola Cono (Name of Contact Person)	at (<u>954</u>) <u>332-1257</u> (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
2001 Executive Center Circle	Tallahassee, Florida 32314	

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	e limited liability company as it appears on the records of	the Florida Department
of State is:	Crown Servicing LLC	
	J	
2 This limited liab	bility company was organized under the laws of:	
	Naware	
3. The Florida doc	ument/registration number of this limited liability compar	ny is:
_M130	00004433	
) we1-308	41.410.
4. 5 500	hereby resign as a	(Print Title) MANNEY ICESTE
•	Name of Person Resigning)	· 1 '
of this limited lia resignation in wr	bility company and affirm the limited liability company h	nas been notified of my
resignation in wi	iting.	
		•
	ac 1308	Magnets 47 7 15-7
Signature of Res	igning Member, Managing Member or Manager	d Divis
		ECKE SION AUG
	000 00 (D)	I 워크파
Filing Fee:	\$25.00 (Required)	9 (27 = 0.00)
Certified Copy:	\$30.00 (Optional)	CU OF STA PM 12:
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