

M210000000299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

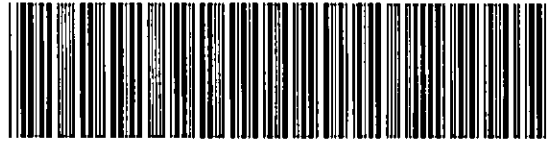
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

609

Office Use Only



300370492583

07/28/21--01014--006 **30.00

SECRETARY OF STATE
TELEPHONE UNIT

2021 SEP 16 AM 9:33

FILED

PRUCE
SEP 29 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2021

NGEUN THONGSIRIMONGHOUN
46 HERON NEST
SAVANNAH, GA 31410

SUBJECT: THE CRANE DISTRICT LLC
Ref. Number: M21000000299

We have received your document for THE CRANE DISTRICT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 421A00021068

RECEIVED
FALLS CHURCH, VA
SEP 16 2021

2021 SEP 16 AM 9:33

FILED



RECEIVED

2021 AUG 24 AM 11:25

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2021

NGEUN THONGSIRIMONGHOUN
46 HERONS NEST
SAVANNAH, GA 31410

SUBJECT: THE CRANE DISTRICT LLC
Ref. Number: M21000000299

We have received your document for THE CRANE DISTRICT LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 021A00018750

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 16 AM 9:23

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE CRANE DISTRICT

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NGEUN THONGSIRIMONGHOUN

Name of Person

Firm/Company

6754 36TH AVE N

Address

ST PETERSBURG, FL 33710

City/State and Zip Code

PAKATAK5172@yahoo.com

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

For further information concerning this matter, please call:
NGEUN THONGSIRIMONGHOUN 912 328-9494

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

2021 SEP 16 AM 9:33
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: THE CRANE DISTRICT, L.L.C.

Enter new principal office address, if applicable: 575 CENTRAL AVE
ST PETERSBURG, FL
33701

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 6754 36TH AVE N
ST PETERSBURG, FL
33710

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M21000000299

3. Jurisdiction of its organization: _____
4. Date authorized to do business in Florida: 12/23/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: NGEUN THONGSIRIMONGHOUN

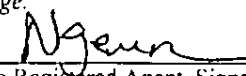
New Registered Office Address: 6754 36TH AVE N

Enter Florida Street Address

ST PETERSBURG 33710

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

2021 SEP 16 10 09 AM
STATE OF FLORIDA
CORPORATION DIVISION

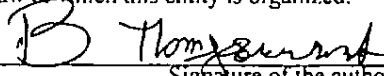
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:
CHANGE MGR OF LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BOUNYAVETH THONGSIRIMONGHOUN	5 W BROUGHTON ST UNIT 206-E SAVANNAH, GA 31410	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	NGEUN THONGSIRIMONGHOUN	6754 36TH AVE N ST PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2022 SEP 16 AM 9:32
 SECRETARY OF STATE
 TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative
 BOUNYAVETH THONGSIRIMONGHOUN

 Typed or printed name of signee

Filing Fee: \$25.00