

210000000 3997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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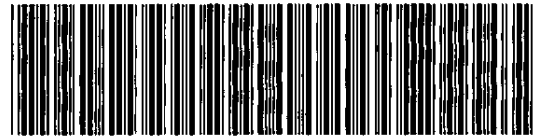
(Business Entity Name)

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S. HAWKES

JUL 6 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Credit Advocates, 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:

Scott Silver, Esq.

Name of Person

Credit Advocates, LLC

Firm/Company

1551 Sawgrass Corporate Pkwy

Address

Sunrise, FL 33323

City/State and Zip Code

SSilver@FL-DEBT.com

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

For further information concerning this matter, please call:

Scott Silver

Name of Person

at (954)

727-7787

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

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MGR = Manager
MGRM = Managing Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated June 29, 2010

Signature of a member or authorized representative of a member

Scott Silver

Typed or printed name of signee