

L100000093763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

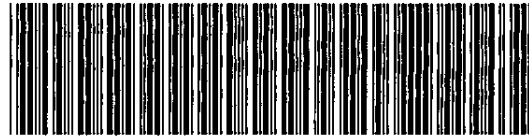
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

L. SELLERS
DEC 15 2010
EXAMINER

Office Use Only



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12/13/10--01039--008 **30.00

FILED
18 DEC 13 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADKINSON LAW FIRM
ATTORNEYS AT LAW

CLAYTON J.M. ADKINSON
CLAY B. ADKINSON

41 South 6th Street, DeFuniak Springs, FL 32435
Telephone (850) 892-5195
Fax (850) 892-3013

MAILING ADDRESS:
Post Office Box 1207
DeFuniak Springs, FL 32435

December 9, 2010

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: CHECK ADVANCE, LLC

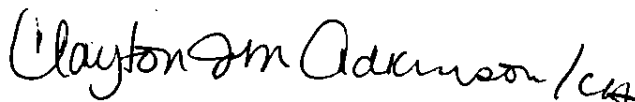
Dear Sirs:

Enclosed please find the original of the Articles of Amendment to Articles of Organization to be filed for the above referenced company. Also, enclosed is a check for \$30.00 to cover the cost of filing the amendment. Please file the enclosed document as soon as possible upon your receipt of the same.

Once the document is filed, please provide my office with a Certificate of Status. A self-addressed stamped envelope is enclosed for your convenience in returning the certificate to our office.

Your assistance in this matter is most appreciated. If additional information is needed, please advise.

Sincerely,

A handwritten signature in black ink that reads "Clayton J.M. Adkinson /ch". The signature is written in a cursive, flowing style.

Clayton J.M. Adkinson

CJMA:ch
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHECK ADVANCE, 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:

CLAY B. ADKINSON

Name of Person

ADKINSON LAW FIRM, LLC

Firm/Company

P.O. BOX 1207

Address

DeFUNIAK SPRINGS, FL 32435

City/State and Zip Code

CHECKADVANCEFREEPORT@YAHOO.COM

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

For further information concerning this matter, please call:

CLAY B. ADKINSON

Name of Person

at (**850**)

892-5195

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

CHECK ADVANCE, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

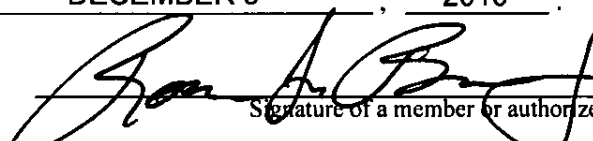
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FOUR MILE LAND COMP	47 SHIPYARD ROAD FREEPORT, FL 32439	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RONNIE L. BRANNON, JR	47 SHIPYARD ROAD FREEPORT, FL 32439	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated DECEMBER 9, 2010.



Signature of a member or authorized representative of a member
RONNIE L. BRANNON, A MANAGING MEMBER OF FOUR MILE LAND COMP

Typed or printed name of signee