

L14 000053516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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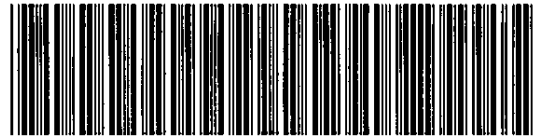
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPRESS CAPITAL 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:

JOHN TOOKER

Name of Person

EXPRESS CAPITAL LLC

Firm/Company

1990 Main Street - STE 750

Address

Sarasota, Florida 34236

City/State and Zip Code

JTOOKER41@Gmail.com

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

For further information concerning this matter, please call:

JOHN TOOKER

Name of Person

at (941) 685-0431

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

Express Capital Advance LLC
(Name of the Limited Liability Company as it now appears on our records)

The Articles of Organization for this Limited Liability Company were filed on April 1, 2014 and assigned Florida document number L14000053516

EXPRESS CAPITAL LLC

(Mailing address MAY BE A POST OFFICE BOX)

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 14, 2014.



Signature of a member or authorized representative of a member

John Tooke

Typed or printed name of signee

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