

L15000212585

(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:

CORRECTION TO NAME PER
CONVERSATION WITH
THOMAS VANOVER 2/10/2016
KS

NOT Avail

Office Use Only



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01/25/16--01021--019 **25.00

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2016 FEB 10 PM 5:57

CLERK OF STATE
TALLAHASSEE, FL 32304

K. SALY
EXAMINER
FEB 10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2016

CAPITAL ALLIANCE PRO, LLC
THOMAS VANOVER
2140 KINGSLEY AVE. #2
ORANGE PARK, FL 32073

SUBJECT: CAPITAL ALLIANCE PRO, LLC
Ref. Number: L15000212585

We have received your document for CAPITAL ALLIANCE PRO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000044674 "CAPITAL ALLIANCE, LLC".

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 916A00001714

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Capital Alliance Pro, 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:

Thomas Vanover

Name of Person

Capital Alliance Pro, LLC

Firm/Company

2140 Kingsley Ave #2

Address

Orange Park/FL/32073

City/State and Zip Code

office@capitalallianceproduction.com

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

For further information concerning this matter, please call:

Thomas Vanover

323

240-5949

at (_____) _____

Name of Person

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 4, 2016

Thomas Vanover

Signature of a member or authorized representative of a member

Thomas Vanover

Typed or printed name of signee