

L15000212585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

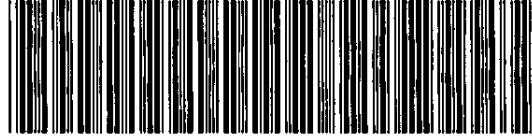
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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JUN 09 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 JUN -9 PM 12:27  
TALLAHASSEE, FLORIDA

May 24, 2016

THOMAS VANOVER  
2140 KINGSLEY AVE, STE 2  
ORANGE PARK, FL 32073

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

We have received your document for CAPITAL ALLIANCE FILMS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 216A00011005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Capital Alliance Films, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Thomas Vanover**

Name of Person

**Capital Alliance Films, LLC**

Firm/Company

**2140 Kingsley Ave suite 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:

**Brandon Prevatt**

Name of Person

**904**

Area Code

**226-4020**

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN - 8 P 5:07

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### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

CR2E062 (9/15)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Capital Alliance Films, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000212585

**THIRD:** Document to be corrected is: Date Filed to 01/01/2016

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Please change the filing date for this company to 01/01/16, thanks

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Thomas Varner  
Signature of Authorized Representative

2016 JUL -8 P 5:07  
Date

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2016 JUL -8 P 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Thomas Varner  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)