

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002586

1. Entity Name

MAX-CASH, L.L.C.

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

866 SANTA ROSA BOULEVARD
FORT WALTON BEACH FL 32548

Mailing Address

866 SANTA ROSA BOULEVARD
FORT WALTON BEACH FL 32548-6093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

City & State

FWB FLA.

3. Mailing Address

4 LAGUNA STREET

Suite, Apt. #, etc.

SUITE 201

City & State

FWB FLA

Zip

32548

Country

USA

Zip

32548

Country

USA

4. FEI Number

59-3537790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWEIZER, W. TODD
866 SANTA ROSA BOULEVARD
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SCHWEIZER, W. TODD
STREET ADDRESS 866 SANTA ROSA BOULEVARD
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR
NAME SCHWEIZER, W. TODD
STREET ADDRESS 4 LAGUNA STREET SUITE 201
CITY-ST-ZIP FWB FLA 32548

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-4-2000 880 301 019