2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9800002586 1. Entity Name MAX-CASH, L.L.C.							FILED				
							00 JAN 20 PM 4: 21				
							SECRETARY (TALLAHASSEE	FSTA	LE TE		
Principal Place of Business Mailing Address 866 SANTA ROSA BOULEVARD 866 SANTA ROSA BOULEVARD							TALLAHASSEE	FLON	IUM		
FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548-6093											
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2. Principal P	lace of Business		3. Mailing Address						iblik ileki eligi		
4 LAGUNA STREET 4 LAGUNA STR											
Suite, Apt. #, etc. SUITE ZOI SUITE ZOI SUITE ZOI							DO NOT WRITE IN THIS SPACE				
City & State City & State				FLA			Number 59-3537790		+ + -	oplied For	
FWB FLA. Zip Country			Zip	try				\$5.00 Add	ot Application		
3951			32540	_ <i>U</i> :	SA	<u></u>	ificate of Status Desired		Fee Require		
	6. Name and Ad	dress of Current Re	egistered Agent	···	· Name ~		e and Address of New Re	gisterea	Agent "	-	
SCHWEIZER, W. TODD						Address (P.O. Box N	Number is Not Acceptable)				
866 SANTA ROSA BOULEVARD					<u> </u>			 -	 .		
FORT WALTON BEACH FL 32548					Other				7:- 0-1		
					City			FL	Zip Cod	e 	
8. The above	named entity submit	s this statement for t	he purpose of changing its	registere	ed office o	r registered agent,	or both, in the State of Flor	rida.			
SIGNATURE .	Signature, typed or printed r		AND A STATE OF THE	. D1-4	- T			DATE			
	Signature, typed or printed r	name of registered agent and				ture required when reinsta	urgy	DATE			
			FILE NO Make Check Pay		-						
			Ware Clieck Pa	yable (o Depart	incia di State					
9.		ANAGING MEMBER	- 	10.		MGN	ADDITIONS/	CHANGES	Change		
NAME	MGR SCHWEIZER, W.	TODD	· L.J Beleto	TITLI		SCHWEIZE	εΛ, ω, το <u>ρο</u>			, wannami	
STREET ADDRESS	866 SANTA ROSA BOULEVARD				ET ADDRESS - 81- ZIP	4 DAGONA STREET BUITE ZOI					
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NAME				MAM		,			_ , ,	_	
STORET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP						
11. I hereby o	certify that the informa	ation supplied with	is filing does not qualify for	the exe	nption sta	ted in Section 119.	07(3)(i), Florida Statutes. I	further cer	tify that the ir	nformation	
indicated limited lia	on this report is true bility company or the	and accurate and the receiver or trusteele	at my signature shall have to mpowered to execute this r	ne same eport as	required I	ct as it made unde by Chapter 608, Fl	r oath; that I am a managi orida Statutes.	ng membe	r or manage	r of the	
		la Litera			KETS.		1 1/2-	., ^	51		