

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002586

1. Entity Name

MAX-CASH, L.L.C.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90144 034 ****50.00

Principal Place of Business

4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH FL 32548

Mailing Address

4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH FL 32548

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

W. TODD SCHWEIZER

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

4 LAGUNA STREET

SUITE 201

City

FT WALTON BCH

FL

Zip Code

32548

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

4-9-02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHWEIZER, W. TODD
4 LAGUNA STREET, SUITE 201
FORT WALTON BEACH FL 32548 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-9-02

830 361 0179

CP2E083 (9/01)