## M0700000 3255

(	(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:
·	A. LUNT

JAN 27 2010

EXAMINER

Office Use Only

000163846870

01/26/10--01010--008 \*\*50.00

## **COVER LETTER**

TO:	Registration Division of	Section Corporations						
SUBJ	ECT:	Allied C	Cash /	Advanc	e Florida L	LC		
	11000	Name of Fo	reign L	imited L	iability Compa	any		
Dear	Sir or Madam	:						
		avit by Foreign (s) and fee(s) are				Change M	(anager(s	or
Please	e return all coi	respondence co	ncernir	ng this ma	atter to the foll	lowing:	SECO TALL	2010 JAN 26
		Maria Tran, E	sq.				ARE S	AA
		Name of Per					ARY SSE	26
	Alli	ed Cash Holdi	na LL(	5			ini⊆. m	PM
		Firm/Compa		-			STA	PM 3: 17
	200 S	.E. 11st Street	Suita	800			DA A	
-	200 3	Address	, Suite	800				
	_							
		/liami, Florida 3 City/State and Z						
		•	-					
i	N mail addraed	laria.Tran@all :: (to be used for	edcas	h.com	enort notificat	ion)		
1	5-man address	s. (to be asea for	Tutuic	ainiuai i	sport notificat	1011)		
For fu	ırther informa	tion concerning	this ma	atter, plea	se call:			
	Maria T	. Tran	at (	305 )		722-0018	<b>;</b>	
	Name of	f Person			de and Daytim	e Telepho	ne Numbe	er
	STREET/CO	DURIER ADDR Section	ESS:		MAILING A Registration S			
	Division of C	•			Division of Co			
	Clifton Build	ing ve Center Circle			P.O. Box 6327 Tallahassee, F		14	
		Florida 32301				22		
	osed is a chec Filing Fee	k for the follow \$30 Filing F Certificate of S	ee &		00 Filing Fee & d Copy		ing Fee,	&

## FILED

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

<ol> <li>The name of the limited liability compan</li> <li>Department of State is: Allied</li> </ol>	y as it appears on the records of the Cash Advance Florida LLC	Florida 	
2. This entity was formed under the laws of			
3. This entity was authorized to transact but and its Florida document/registration number		07	-
4. The name and address of each manager of	or managing member is as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM_	Tracy Parks 200 S.E. 1st Street, Suite 800 Miami, Florida 33131	SECRET	3010
MGRM	Seth Taube 600 Montgomery Street	ARY L	S D
	San Francisco, CA 94111	F STATE FLORIDA	_
			-
	•		- -
. <u> </u>			-
<del></del>			_
Required Signature: Signature of Manager,	Managing Member or Member		-

Filing Fee: \$25