

M110000002081

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2016

TRACY ARMSTRONG
14205 BURNET ROAD, SUITE 400
AUSTIN, TX 78728

SUBJECT: INNOVATIVE FUNDING SERVICES, L.L.C.
Ref. Number: M11000002081

RECEIVED
2017 JAN -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for INNOVATIVE FUNDING SERVICES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 916A00027264

2017 JAN -9 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Funding Services, L.L.C.
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Armstrong
Name of Person

Innovative Funding Services, L.L.C.
Firm/Company

14205 Burnet Road, Suite 400
Address

Austin, TX 78728
City/State and Zip Code

compliance@ifs4u.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Armstrong at (512) 388-2557
Name of Person Area Code & Daytime Telephone Number

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

CR2E055 (9/15)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Innovative Funding Services, L.L.C.
14205 Burnet Rd., Suite 400
Austin, TX 78728

December 12, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Change of Ownership for Innovative Funding Services, L.L.C. (IFS)

As of December 5, 2016, the Board made a change in the ownership as the manager; COO Robert Wayne McKie was given a percentage of ownership of IFS. Mr. McKie has been a manager of IFS since December of 2009. As such, the percentage of ownership will change but the primary owner will remain as Ronald Shoemaker. Attached please find a copy of the amendment and restated operating agreement and corporate minutes acknowledging the change as well as the necessary forms.

Previous

Ronald Shoemaker 60%
Timothy Janssen 20%
Chad Shoemaker 10%
Ashley Remington 10%

Current

Ronald Shoemaker 51%
Timothy Janssen 17%
Chad Shoemaker 8.5%
Ashley Remington 8.5%
Robert McKie 15%

If you should have any additional questions or concerns, please feel free to contact me directly at 512-388-2557.

Sincerely,

Tracy Armstrong
Compliance Manager

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TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

State: Innovative Funding Services, L.L.C.

Enter new principal office address, if applicable: NA

Enter new mailing address, if applicable:

2. The Florida document number of this limited liability company is: M11000002081

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 04/26/2011

5. New name of the limited liability company: NA
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Name of New Registered Agent: NA

New Registered Office Address: NA

Enter Florida Street Address

_____, Florida _____
City Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change in ownership percentages and addition of a new member Robert Wayne McKie.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>COO</u>	<u>Robert Wayne McKie</u>	<u>15317 Sunningdale Street, Austin, TX 78717</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robert Wayne McKie
Signature of the authorized representative

Robert Wayne McKie
Typed or printed name of signee

Filing Fee: \$25.00

2009 JAN - 9 P 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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