

L19000230183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

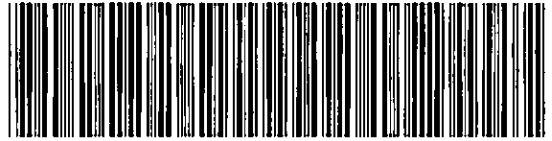
(Document Number)

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See Statement of Fact.



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 DEC - 4 PM 3:00

RA Resignation

DEC 04 2020

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

Cash Now Holdings LLC

SUBJECT: _____
Name of Limited Liability Company

L19000230183

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stefanie Peters

Name of Person

Name of Firm/Company

15605 Ocean Walk Circle Apt 106

Address

Fort Myers FL 33908

City/State and Zip Code

stefpeters2007@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stefanie Peters

952

210-5684

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

INHS17 (2/14)

20 DEC - 4 PM 3: 00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
Stefanie Peters

hereby resigns as

Name of Registered Agent

Cash Now Holdings LLC

Registered Agent for

Name of Limited Liability Company

L19000230183

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (2/14)

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
20 DEC -4 PM 3:00