LZO 00000 862Z

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: Re	gistration Section		
Div	vision of Corporations		
SUBJECT	Modern Cash J LLC		
		imited Liability Co	ompany)
The enclos	sed member, resignation or disso	ciation and fee	(s) are submitted for filing.
Please retu	urn all correspondence concernin	g this matter to):
Matthew Sh	arf		
	(Contact Person)		_
Modern Cas	h J LLC		
	(Firm/Company)		_
2966 Eagle l	Estates Circle West		
	(Address)		_
Clearwater.	FL 33761		
	(City/State and Zip Code)		_
For further	r information concerning this ma	tter, please cal	1:
Matthew Sha	ari	727 at (644-6264
	(Name of Contact Person)	(Area Coc	le & Daytime Telephone Number)
-	please find a check made payable		•
■ 3 23 Fill	ing Fee Y. 2	□ \$ 55 Filii	ng Fee & Certified Copy
	illing Address: gistration Section		Street Address: Registration Section
Div	vision of Corporations		Division of Corporations
	D. Box 6327 llahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
			Tallahassee El 32303



2020 9 1 24 511 12: 26

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	as it appears on the records of the Florida Department	
2. The Florida doc L20000008622	ument/registration number a	assigned to this limited liability company is:	
3. The date this me	:mber/manager withdrew/re	signed or will withdraw/resign is:	
David Klein		, hereby withdraw/resign as a	
(Print N	iame of Person Resigning)	<u> </u>	
AR			
	(Print Title)		
resignation in wr	iting.	he limited liability company has been notified of my	
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		