## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080470

Entity Name: USA PAWN HOLDINGS, LLC

**Current Principal Place of Business:** 

6132-1 MERRILL RD JACKSONVILLE, FL 32277

**Current Mailing Address:** 

P.O. BOX 26142

JACKSONVILLE, FL 32226 US

FEI Number: 27-3162446 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEP-BY-STEP BEHAVIORAL HEALTH SERVICES, LLC 1760 SHADOWOOD LN STE 409 JACKSONVILLE, FL 32207 US

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: DESIREE CORLEY JONES 03/07/2024

Electronic Signature of Registered Agent

Date

FILED Mar 07, 2024

**Secretary of State** 

3678517533CC

Authorized Person(s) Detail:

Title OWNER Title MANAGER

Name JONES, DESIREE CORLEY Name JONES, THOMAS VICTOR

Address 3842 DEXTER DR N Address P.O. BOX 26142

City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: JACKSONVILLE FL 32226

Title MANAGER

Name SWIFT, MICHAEL BRUCE

Address P.O. BOX 26142

City-State-Zip: JACKSONVILLE FL 32226

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DESIREE JONES OWNER

Electronic Signature of Signing Authorized Person(s) Detail

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03/07/2024 Date