

L07000641752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

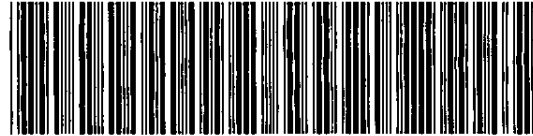
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500269137775

FILING CANCELLED  
RETURNED CHECK

03/06/15--01009--022 \*\*55.00

15 MAR - 6 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECORDED  
AND  
FILED

M/M  
MAR 06 2015  
KIMBERLY J.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A&R CHECK CASHING & ADVANCE LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RUBEN YERO  
(Contact Person)

REGISTER OWNER  
(Firm/Company)

6884 WEST FLAGLER ST  
(Address)

MIAMI , FL 33144  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUBEN YERO at 305 3051486  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

**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



FILING CANCELLED  
RETURNED CHECK

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A&R CHECK CASHING & ADVANCE LLC

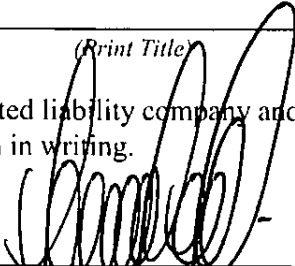
2. The Florida document/registration number assigned to this limited liability company is:  
L07000041752

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/27/2015

4. I, ANDREA GARCIA-PIEPP, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGRM  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

APPROVED  
AND  
FILED  
15 MAR - 6 PM 2: 46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA