

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000075574

1. Entity Name
THE PAWN MART, JEWELRY & COINS, LLC



Principal Place of Business
9041 ULMERTON ROAD
LARGO, FL 33771-5312

Mailing Address
9041 ULMERTON ROAD
LARGO, FL 33771-5312

2. Principal Place of Business - No P.O. Box #
12499 Seminole Blvd

3. Mailing Address
12499 Seminole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Largo, FL

Zip
33778

Country
Pinellas

Zip
33778

Country
Pinellas

09182008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

680672345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, ALLAN
12499 SEMINOLE BLVD.
LARGO, FL 33778

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Allan Clark
12499 Seminole Blvd.
Largo, FL 33778

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
11/06/08--01035--010
****\$538.75**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sept.

, 2008

727-584-4200

Date

Daytime Phone #

FILED

2008 NOV -6 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT -08