

LIO 00012195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: FASST CASH PAWN II, 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:

PAUL D. GOTTFRIED

(Contact Person)

KODSI LAW FIRM, P.A.

(Firm/Company)

140 S. Federal Highway, 2nd Floor

(Address)

Dania Beach, Florida 33004

(City/State and Zip Code)

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For further information concerning this matter, please call:

Paul D. Gottfried, Esq. at 954 771-8277 ext. 122
(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



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: FASSST CASH PAWN II, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L10000112195

3. The date this ~~member~~/manager ~~withdrew~~/resigned or will ~~withdraw~~/resign is: 8/29/18

4. I, Izhak Kalichman, hereby withdraw/resign as a
(Print Name of Person Resigning)
a Manager
(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)

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