

L15000062801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

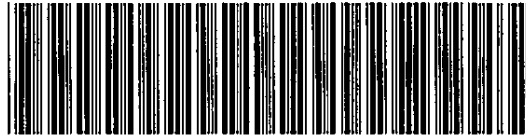
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2015 NOV 30 PM 2:51  
SOUTHERN DISTRICT OF TEXAS  
FALLS CHURCH, TEXAS

DEC 01 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Advance Cash USA 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:

Presley Smith

(Contact Person)

Law Office of Presley Smith

(Firm/Company)

9100 White Bluff Road, Suite 502

(Address)

Savannah, Georgia 31406

(City/State and Zip Code)

For further information concerning this matter, please call:

Presley Smith

at ( 866 ) 639-7212

(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)

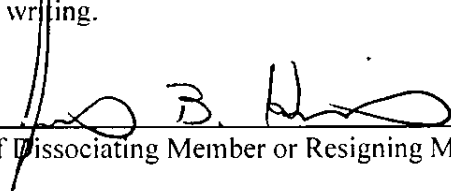
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Advance Cash USA LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000062801

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 1, 2011

4. I, James Harris, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
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)

2011 NOV 30 PM 2:51  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE