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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
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Special Instructions to	Filing Officer:	
	Office Use On	



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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Empire Gold & Pawn 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:

Kris B. Robinson

(Contact Person)

Robinson Kennon & Kendron

(Firm/Company)

582 W. Duval St.

(Address)

Lake City, Fl. 32055

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Saperstein	386	365-3349
·	_ at ()
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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 of	on the records of the Flor	ida Để pa	rtment
of State is:	ire Gold & Pawn LLC	2	5	
	ument/registration number assigned to th	is limited liability comp	any is: O	
4.1. Richar	ember/manager withdrew/resigned or wil D. M. Heret tame of Person Resigning)	9/1 Il withdraw/resign is: $\frac{9}{2}$. by withdraw/resign as a	12/1&u	
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of this limited ha		aointy company has been	nonneu	or my
Signature of D	is ociating Member or Resigning Manag	 		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			

CR2E079 (2/14)