119000 138317

| (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: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | Co. Co. |
|--------|--|----------------------|--|
| | Fasssi Pawn LLc | | |
| SUB. | JECT: | | |
| | (Name of L | Limited Liability Co | mpany) |
| The e | enclosed member, resignation or disse | ociation and fee(| s) are submitted for filing. |
| Pleas | e return all correspondence concerni | ng this matter to: | |
| Wesn | er Belizaire | | |
| | (Contact Person) | | _ |
| Fasss | et Pawn LLC | | |
| | (Firm/Company) | | - |
| 1503 | W Boynton Beach BLVD unit B | | |
| | (Address) | | _ |
| Boyn | nton beach FL 33436 | | |
| | (City/State and Zip Code) | | _ |
| For fi | urther information concerning this m | atter, please call | : |
| West | ner Belizaire | 954 | 644-2855 |
| | | at (|) |
| | (Name of Contact Person) | (Area Code | e & Daytime Telephone Number) |
| | osed please find a check made payab 25 Filing Fee | | Department of State for: ng Fee & Certified Copy |
| | Mailing Address: | | Street Address: |
| | Registration Section | | Registration Section |
| | Division of Corporations P.O. Box 6327 | | Division of Corporations The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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 a FASSST PAWN LLC | as it appears on the records of the Florida Department |
|--|--|
| of State is: | |
| 2. The Florida document/registration number L19000138317 | assigned to this limited liability company is: |
| | |
| The date this member/manager withdrew/rd LOUIS_BACCARI | esigned or will withdraw/resign is: |
| 4. I | , hereby withdraw/resign as a |
| (Print Name of Person Resigning) MGR | |
| (Print Title) | |
| of this limited liability company and affirm tresignation in writing. | the limited liability company has been notified of my |
| My Bu | , |
| Signature of Dissociating Member or Resi | igning Manager |

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: