

# L19000230183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

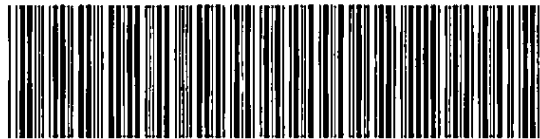
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Stefanie Peters*

Office Use Only

*See Statement of  
Fact*



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*Dissociation*

FILED  
CLERK OF STATE  
RECEIVED BY CORPORATION  
20 DEC -4 PM 3:00

DEC 04 2020  
D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Cash Now Holdings LLC

**SUBJECT:** \_\_\_\_\_  
(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:

Stefanie Peters

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

15605 Ocean Walk Circle Apt 106

\_\_\_\_\_  
(Address)

Fort Myers, FL 33908

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stefanie Peters

952

210-5684

at ( )

\_\_\_\_\_  
(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2007-01 PM 38 00



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  
CASH NOW HOLDINGS LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L19000230183  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/10/20  
Stefanie Peters

4. I, \_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

Owner

Stefanie Peters

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Stefanie Peters

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)