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VOID

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

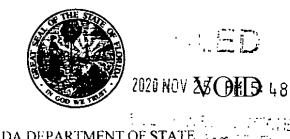
Registration Section Division of Corporations TO:

<b>T</b> 7		T
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Cash Now Holdings LLC		
SUBJECT: (Name of I	.imited Liability	Company)
The enclosed member, resignation or disse	ociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter	to:
Stefanie Peters		
(Contact Person)		<del></del>
(Firm/Company)		
15605 Ocean Walk Circle Apt 106		
(Address)		
Fort Myers, FL 33908		
(City/State and Zip Code)		
For further information concerning this m	atter, please ca	all:
Stefanic Peters	952	210-5684
(Name of Contact Person)	at (at C	ode & Daytime Telephone Number)
Enclosed please find a check made payab  ☐ \$25 Filing Fee		la Department of State for: ling 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



## FLORIDA DEPARTMENT OF STATE CONTROL OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a NOW HOLDINGS LLC	as it appears on the records of the Florida Department
of State is:		
2. The Florida doct 1.19000230183	iment/registration number	assigned to this limited liability company is:
		. 06/10/20
3. The date this me Stefanie Peters	mber/manager withdrew/re	esigned or will withdraw/resign is:
4. l		, hereby withdraw/resign as a
Owner Stefa	nic Peters	
	(Print Title)	
	• •	the limited liability company has been notified of my
resignation in wr	in P	
Signature of Di	ssociating Member or Resi	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:		