

L20000089174

(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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SECRETARY OF STATE
-31- TALLAHASSEE, FLORIDA

2025 JAN -2 PM 3:30

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fast Cash ATM Solutions 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:

Andrew D Jones
(Contact Person)

Fast Cash ATM Solutions
LLC
(Firm/Company)

44 Radford Ln
(Address)

Palm Coast, FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Jones at (386) 559-0154
(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 x☐ \$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 800
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FL 32303



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)

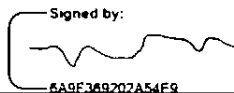
1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: Fast Cash ATM Solutions LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000089174

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/18/2024
Joshua Wishon

4. I, Joshua Wishon, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)

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

Signed by:

5A9F369207A54F9

Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FLORIDA