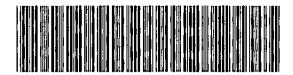
## K22000139221

| (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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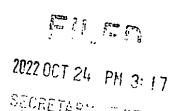
SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section , Division of Corporations ,   |
|---|
| SUBJECT: Southern Comfort 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:   |
| Joshua Fenton<br>(Contact Person)   |
| Southern Comfort Pawn LLC   |
| 2258 N. Florida Ave   |
| Hernando/Florida 34442 (City/State and Zip Code)  |
| For further information concerning this matter, please call:  |
| Tored McLaughlin at (352) (601-843)  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |
| Enclosed please find a check made payable to the Florida Department of State for:  \$\sum_\$ \$25 \text{Filing Fee} \sum_\$ \$55 \text{Filing Fee} & Certified Copy |
| Mailing Address: Street Address:  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 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)

|  | Southern Comfort Pawn LLC  |
|--|--|
| 2. The Florida does                      | ument/registration number assigned to this limited liability company is:               |
| 3. The date this me                      | ember/manager withdrew/resigned or will withdraw/resign is: $\frac{10/10/2022}{}$      |
| 4.1. Jared (Print A                      | Melaugh in hereby withdraw/resign as a a ame of Person Resigning)                      |
| Manag                                    | (Print Title)  |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| h  |  |
| Signature of D                           | ssociating Member or Resigning Manager   |
| _  | \$25.00 (Required)<br>\$30.00 (Optional)   |