## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000121531

Entity Name: COUNTY LINE PAWN LLC.

**Current Principal Place of Business:** 

119 TAMIAMI TRAIL, SUITE D PORT CHARLOTTE. FL 33953

**Current Mailing Address:** 

119 TAMIAMI TRAIL, SUITE D PORT CHARLOTTE. FL 33953

FEI Number: 47-1280218 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILCEK, JOE E 2601 DENICKE STREET NORTH PORT, FL 34286 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOE E WILCEK 10/12/2015

Electronic Signature of Registered Agent

Date

**FILED** Oct 12, 2015

**Secretary of State** 

CR4101725626

Authorized Person(s) Detail:

Title MGR Title MGR

WILCEK, JOE E Name WILCEK, JENNIFER K Name 2601 DENICKE STREET Address 2601 DENICKE STREET Address City-State-Zip: NORTH POIRT FL 34286 City-State-Zip: NORTH POIRT FL 34286

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOE E WILCEK OWNER/MGR 10/12/2015 Date