



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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WTH

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
1/30/2024 2:25 PM  
Fee Receipt: \$20.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

Certificate of Withdrawal of Assumed Name  
(Domestic or Foreign Business Entity)

CWA

Pursuant to the provisions of KRS 365, the undersigned applicant applies to withdraw an assumed name and, for that purpose, submits the following statements:

- The assumed name to be withdrawn is CARZ TITLE LOANS  
(The name must be identical to the name on record with the Secretary of State.)
- The assumed name has been discontinued by CONSUMER PORTFOLIO SERVICES, INC.  
(Must be the exact name of the entity or partners)
- This application will be effective upon filing.
- The date the original certificate was filed: 6.26.19
- The "real name" is (you must check one):
 

<input type="checkbox"/> a Domestic General Partnership	<input type="checkbox"/> a Foreign General Partnership
<input type="checkbox"/> a Domestic Limited Liability Partnership	<input type="checkbox"/> a Foreign Limited Liability Partnership
<input type="checkbox"/> a Domestic Limited Partnership	<input type="checkbox"/> a Foreign Limited Partnership
<input type="checkbox"/> a Domestic Business Trust	<input type="checkbox"/> a Foreign Business Trust
<input type="checkbox"/> a Domestic Corporation	<input checked="" type="checkbox"/> a Foreign Corporation
<input type="checkbox"/> a Domestic Limited Liability Company	<input type="checkbox"/> a Foreign Limited Liability Company

6. The mailing address is:  
3800 Howard Hughes Pkwy 1400 Las Vegas NV 89169  
Street Address or Post Office Box Numbers City State Zip

I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Signature of Authorized Party

Michael T. Lavin  
Printed Name

EMP + President  
Title

1/29/2024  
Date