

L15000204139

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : ESKO PROPERTIES, INC.  
Account Number : I20040000075  
Phone : (561) 833-4211  
Fax Number : (561) 833-3694

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
PSP1000, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	<del>\$52.50</del>

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSP 1000, 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:

Robert Kohl

(Contact Person)

PSP1000, LLC

(Firm/Company)

340 Royal Poinciana Way, Ste 338

(Address)

Palm Beach, FL 33480

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Kohl

at ( 561 ) 899-1063

(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

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: PSP1000, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000204139

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2016

4. I, Clark Pellett, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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

A handwritten signature in black ink, appearing to read "Clark Pellett", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

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RECEIVED  
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FLORIDA