

L190000 32793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

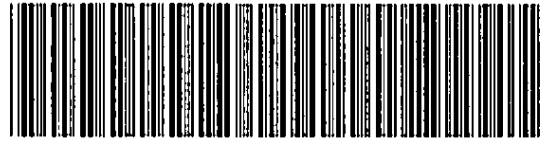
(Business Entity Name)

(Document Number)

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A handwritten signature in black ink, consisting of a large, stylized 'A' or 'O' shape followed by a horizontal stroke.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Park Life 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:

Pam Henley

(Contact Person)

ALL FLORIDA TAX & FINANCIAL SOLUTIONS, LLC

(Firm/Company)

343 N. FERNCREEK AVENUE

(Address)

ORLANDO, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Farah Bloom

407

873-5222

at ()

(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

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 810
Tallahassee, FL 32303

