L19000132631

(Re	questor's Name)			
(Address)				
(Address)				
(Au	lulessj			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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SEP 25 2019

I ALBRITTON

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	PARTY WITH A PURPOSE	, LLC			
0000	(Name of Limited Liability Company)				
The e	nclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.		
Please	e return all correspondence concerning	this matter to			
EVA	N S RESNICK				
	(Contact Person)		_		
PAR	TY WITH A PURPOSE				
	(Firm/Company)		_		
3106	FILLMORE STREET				
	(Address)				
HOL	LYWOOD, FLORIDA 33021				
-	(City/State and Zip Code)		_		
For fu	urther information concerning this matt	er, please call			
EVA	N S RESNICK	954 at (471-9422		
	(Name of Contact Person)	\	e & Daytime Telephone Number)		
	osed please find a check made payable t 5 Filing Fee		Department of State for: g Fee & Certified Copy		
	EET/COURIER ADDRESS:		MAILING ADDRESS:		
-	stration Section ion of Corporations		Registration Section Division of Corporations		
	on Building		P.O. Box 6327		
2661	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314		

CR2E079 (2/14)



September 14, 2019

EVAN S. RESNICK 3106 FILLMORE STREET HOLLYWOOD, FL 33021

SUBJECT: PARTY WITH A PURPOSE, LLC

Ref. Number: L19000132631

We have received your document for PARTY WITH A PURPOSE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The signing member must sign in their actual signature as a computerized signature is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00019051





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: PAR	TY WITH A PURPOSE, L	LC
2. The Florida docu	ment/registration number as	signed to this limited liability company is:
L1900013263		
3. The date this men	mber/manager withdrew/resi	gned or will withdraw/resign is:
4. I		hereby withdraw/resign as a
(Print No	ume of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	Print Title)	
of this limited liab resignation in wri	• •	e limited liability company has been notified of my
Jenniker Signature of Di	Oltschuler ssociating Member or Resign	ning Manager
V	5	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	