

# L22000256496

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/14/23--01010--006 \*\*25.00

2023 AUG 14 AM 11:02

A. PARISHANI

AUG 19 2023

**COVER LETTER**

2023 AUG 14 AM 11:02

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARTY A LOT PSL, L.L.C.  
\_\_\_\_\_  
(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:

Beth F Campos

\_\_\_\_\_  
(Contact Person)

PARTY A LOT PSL, L.L.C.

\_\_\_\_\_  
(Firm/Company)

12725 NW Milestone Pl.

\_\_\_\_\_  
(Address)

Port Saint Lucie, FL 34987

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Beth F Campos

\_\_\_\_\_  
(Name of Contact Person)

414 578-0784  
at (\_\_\_\_\_) \_\_\_\_\_  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 AUG 14 AM 11:02

**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: Party A Lot PSL, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
L22000256496

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/04/2023

4. I, AUDRA N WATSON, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Manager (MGR)  
  
(Print Title)

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

Audra N. Watson  
Signature of Dissociating Member or Resigning Manager

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