m19000012157

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A TOSTICE!
DEC 21 203

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

REFERENCE : 219418 8171235

AUTHORIZATION : 1/2/2019

COST LIMIT : \$/\frac{5}{5},00

ACCOUNT NO. : I2000000195

ORDER DATE: December 19, 2023

ORDER TIME : 9:36 AM

ORDER NO. : 219418-060

CUSTOMER NO: 8171235

FOREIGN FILINGS

NAME: PSL PORT ORANGE SUBTENANT LLC

____ CORPORATE

LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

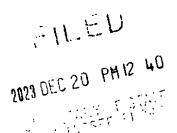
CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

Registration Section

TO:

COVER LETTER

Division of	of Corporations		
	Port Orange Subtenant L	LC	
SUBJECT:	(Name of Fe	oreign Limited Liabilit	y Company)
Dear Sir or Madam	n:		
The enclosed without	irawal and fee(s) are submitt	ted for filing.	
Please return all co	rrespondence concerning thi	s matter to the followi	ng:
	(Name of Person)		
- Corporation Serv	ice Company	-	
	(Firm/Company)	 	_
1201 Hays Stree	t		
	(Address)		
Tallahassee, FL	32301		
	(City/State and Zip Co	de)	
For further informa-	tion concerning this matter,	please call:	
		at (& Daytime Telephone Number)
(2)	Name of Person)	(Area Code	& Daytime Telephone Number)
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
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PSL Port Oran	ge Subtenant LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
December 23,	2019
	(Date registered with Florida Department of State)
M19000012157	7
	(Florida Document Number)
(If an effective more than 90 c Note: If the da	, if other than the date of filing:
	Stew Schroder EDE37782CE32447 (Signature of authorized representative)
	Steven W. Schroeder (Typed or printed name of signee)

Filing Fee: \$25.00