DOCUMENT# L18000214325

Entity Name: REVELS PSL LLC

#### **Current Principal Place of Business:**

933 SW JASLO AVE. PORT SAINT LUCIE, FL 34953

### **Current Mailing Address:**

933 SW JASLO AVE. PORT SAINT LUCIE. FL 34953 US

## FEI Number: 83-1935883

### Name and Address of Current Registered Agent:

**KASBAR & DELUCIA** 3880 SHERIDAN STREET HOLLYWOOD, FL 33021 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	BRIGETTE DELUCIA			02/10/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	STRACHAN, BELINDA	Name	STRACHAN, EVERTON	
Address	933 SW JASLO AVE.	Address	933 SW JASLO AVE.	
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953	
Title	MGR	Title	MGR	
Name	STRACHAN, EVERTON	Name	STRACHAN, BELINDA	
Address	933 SW JASLO AVE.	Address	933 SW JASLO AVE.	
City-State-Zip:	PORT SAINT LUCIE US 34953	City-State-Zip:	PORT SAINT LUCIE US 34953	3

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BELINDA STRACHAN

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Feb 10, 2021 Secretary of State 8737536310CC