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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (B	usiness Entity Nar	ne)
· (D	ocument Number)	
Certified Copies	Certificates	s of Status

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EXAMINER

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O'CONNOR & ASSOCIATES

Attorneys at Law

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December 1, 2009 File No.: 4268-0100

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent

Dear Sir or Madam:

Enclosed please find two (2) Resignation of Registered Agent forms, together with the appropriate fees regarding the following limited liability companies:

- 1. Sarasota Storage Systems, LLC; and
- 2. Premier Moving Systems, LLC.

Thank you for your assistance in this matter, and please feel free to contact our office with any questions or concerns.

Very truly yours,

O'CONNOR & ASSOCIATES

Patrick M. O'Connor

PMO/mh Enclosures

COVER LETTER

TO:	Amendment Section Division of Corporations	

SUBJECT: SARASOTA STORAGE SYST Name of Limited Liability Com	EMS, LLC.
	- ·
DOCUMENT NUMBER: L080000845	<u> </u>
The enclosed Resignation of Registered Agent for a Limited Lia for filing.	bility Company and fee are submitted
Please return all correspondence concerning this matter to the fo	llowing:
PATRICK M. O'CONNOR, ESQUIRE Name of Person	
O'CONNOR & ASSOCIATES	As 2
Name of Firm/Company	
	ZIOS DEC
1250 S. BELCHER ROAD, SUITE 160	
Address	$\mathcal{C}_{\mathcal{A}}$
LABCO EL 22774	
LARGO, FL 33771 City/State and Zip Code	
City, Danie and Lip Code	9 55
	٠.
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MICHELLE HUNTER at (727) Name of Person Area Code & D	539-6800 aytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 608.416(2) or 608.509, Florida Statutes, the un	dersigned,
PATRIC	K M. O'CONNOR, ESQUIRE, hereby re	esigns as
	Name of Registered Agent	
Registered Agent for	<u>, LLC.</u>	
	`	
	Name of Limited Liability Company	,
1.0000	0094554	
	0084551 umber, if known	
A	an area mailed to the charactisted limited liability company	at ita laat kaassa addeaa
A copy of this resignation	on was mailed to the above listed limited liability company a	at its fast known address.
The agency is terminate	ed and the office discontinued on the 31st day after the date of	on which this statement is filed.
	W.	
	Signature of Resigning Agent	A 2
If signing on behalf of a	an entity:	ZODO DEC
	PATRICK M. O'CONNOR, ESQUIRE	-
	Typed or Printed Name	with the second
	PRESIDENT - O'CONNOR & ACCOCIATES	
	Capacity	\$? T
		55

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314