

L9700000942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

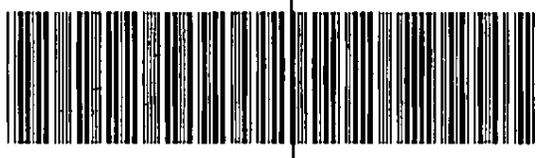
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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02/26/18--01026--027 **61.25

SECRETARY OF STATE
TALL MASSACHUSETTS, FLORIDA

18 APR -6 PM 2:12

FILED

K. SALY
APR 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STORM GROVE STORAGE LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH M CAHILL, CPA
(Name of Person)

JOSEPH M CAHILL, LLC
(Firm/Company)

189 W LANCASTER AVE
(Address)

PAULI, PA 19301
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH M CAHILL at (610) 889 3300
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
18 APR -6 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

STORM BRIVE STORAGE LC

2. The Articles of Organization were filed on 8/26/1997 and assigned

document number L9700000942

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

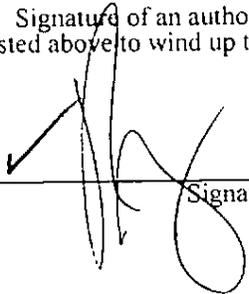
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

BUSINESS SOLD IN 2017

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:



Signature

Richard W. Patton, Jr

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2018

JOSEPH M. CAHILL, LLC
189 W LANCASTER AVE.
PAOLI, PA 19301

SUBJECT: STORM GROVE STORAGE, L.C.
Ref. Number: L97000000942

We have received your document for STORM GROVE STORAGE, L.C. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00003957

RECEIVED

2018 APR -6 AM 11:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA