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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Special Instructions to Filing Officer:					
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SEP - 8 2008					
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7000 SEP -5 P 4: 06
SECILE TARY OF STATE
ALLAHAS SEE, FLORIBA

COVER LETTER

10:	Division of C					
SUBJ	_{ECT:} Noal	n's Ark Self St	torage N	lo.15, l	P.	
	(Name of	Foreign Limited Partnersh	nip or Limited I	Liability Lim	ited Partnership)	
The er	nclosed Notice	of Cancellation and	fee(s) are sul	omitted for	filing.	
Please	return all com	espondence concerni	ng this matte	er to:		
Der	nis Spar	ıgler (Managir	ng Mem	ber)	2000 S SECR TALLA	
	,	(Contact Person)			SEP -5 RETARY AHASSE	faceron common
		(Firm/Company)		<u> </u>	Junit-2	
602	3 Laurel	Creek Dr.			OF SIE	O
		(Address)			Adixo	
Plea	asanton,	Ca. 94588			> 0	
	(City, State and Zip Code)				
For fu	rther informat	ion concerning this m	atter, please	call:		
Denn	is Spangler	(Managing Membe	er) at (925	₃ 42	5-0833	
	(Name of Cont				aytime Telephone Num	ber)
Enclos	sed is a check	for the following amo	ount:			
\$ 52.5	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 and Certific	Filing Fee ed Copy	\$113.75 Filing Fee Certified Copy, and Certificate of Status),
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		R D P.	egistration ivision of 0 O. Box 63	Corporations		

NOTICE OF CANCELLATION **FOR** FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Noah's Ark Self Stor	-	
(Name of limited p	partnership or limited liability limited partnersh	ip)
Texas		
	(Jurisdiction of formation)	
2005		
(Date aut	thorized to transact business in Florida)	
transacting business in Florida as s. 620.1907, F.S.	or limited liability limited partnership ind wishes to cancel its certificate of aut Department of State as its agent for serv	thority pursuant to
• • •	e transaction of business in this state.	Fig. 7
Effective date, if other than the of Effective date cannot be prior to nor in Department of State.)	date of filing: 8/27/08 nore than 90 days after the date this document	is filed by the Elorida
Signature of a general partner:	~ 8/22/pg	F.FLORIDA
Typed or printed name:		A O
Dennis Spangler (M	anaging Member)	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	

\$8.75

Certificate of Status (optional):