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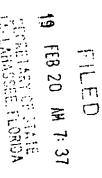
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of C | | | • | | |
|--|---|---|-------------------------------|--|--|
| DODUECTI | A-A-A STORA | | | | |
| | of Cancellation and fe | | · | | |
| Please return all corre | espondence concernin | g this matter to: | | | |
| JOHN MUHI | СН | | | | |
| A-A-A STORAG | (Contact Person) E LLC | | | | |
| 4203 SPINN | (Firm/Company) AKER COVE | ., | | | |
| AUSTIN, TX | (Address) 78731 | | | | |
| ((| City, State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | | |
| CAROL ROBBINS | | _{at (} 512 | ₁ 627-1312 | | |
| (Name of Contact Person) | | | and Daytime Telephone Number) | | |
| Enclosed is a check f | or the following amou | ınt: | | | |
| \$52.50 Filing Fee | S61.25 Filing Fee and Certificate of Status | S105.00 Filing and Certified Cop. | | | |
| STREET ADDRESS: | | MAILING ADDRESS: | | | |
| Registration Section | | Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| Clifton Building 2661 Executive Center Circle | | P. O. Box 6327 Tallahassee, FL 32314 | | | |
| Tallahassee, FL 323 | | i anana | 5500, I D 32317 | | |

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

| A-A-A S | TORAGE FULTON, LP | , , |
|---|---|-----------------------------|
| | ted partnership or limited liability limite 90000000024 | d partnership); |
| (Florida Docume | ent Number of the Foreign LP or LLLP) | 20 |
| | TEXAS | Fig. |
| (4 | Jurisdiction of formation) | Q., |
| 0: | 3/03/2009 | 37 |
| (Date author | rized to transact business in Florida) | |
| This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S. | | |
| This entity appoints the Florida De rights of action arising out of the tr | | |
| Effective date, if other than the date (Effective date cannot be prior to nor mor Department of State.) | e of filing: e than 90 days after the date this docume | ent is filed by the Florida |
| NOTE: If the date inserted in this requirements, this date will not be lepartment of State's records. | • | |
| Signature of a general partner: | ALL | |
| Typed or printed name: | • | |
| JOHN MUHICH | | |
| Filing Fee: | \$52.50 | |
| Certified Copy (optional): | \$52.50 \$0.55 | |
| Certificate of Status (optional): | \$8.75 | |