(Re	equestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Storage Quest H	by Cardon Florida Limited Partnership) Partner
The enclosed Notice of Cancellation and f	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Tina Coff (Contact Person)	I Will PICKUP
Sunshine Corporate & Filing Services, Inc. 3458 Lakeshore Drive Tallahassee, FL 32312Add(25)	M OCT 21
(City, State and Zip Code)	
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For further information concerning this m	natter, please call:
lina	at (850) 508-1891
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

## Storage Quest Holdings (Brandon Florida) Limited Partnership

(Name of limited partnership or limited liability limited partnership)

Nevada	
	(Jurisdiction of formation)
November 28, 2011	
(Date :	uthorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: upon filing of this Cancellation (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner: Storage Quest Equity II Inc. By:	
Typed or printed name:	
Christopher P. Miller	
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

