

L03000017409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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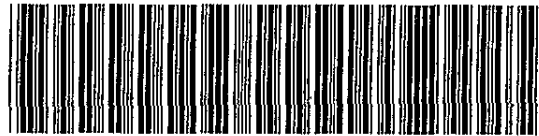
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LAW OFFICES
OF
MICHELE DIGLIO-BENKIRAN, P.A.
ATTORNEYS AND COUNSELLORS AT LAW
1999 WEST COLONIAL DRIVE, SUITE 204
ORLANDO, FL 32804

TELEPHONE 407-581-2565

FACSIMILE 407-581-2567

October 29, 2004

Division of Corporations
Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL 32302

RE: McDevitt-At Your Door Self Stor

Dear Sir or Madam,

Attached hereto please find check number 2827 in the amount of Fifty and NO/100 Dollars (\$26,141.28) representing the Fees associated with the enclosed Transmittal Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

Your assistance in this matter is highly appreciated. If we may be of any further help, please feel free to contact us at the number listed above.

Respectfully,



Vanessa Frisaura, Legal Assistant for
Michele Diglio-Benkiran, Esq.

Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: At Your Door Self Stor, Orlando, Florida, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L03000017409

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michele Diglio-Benkiran
(Name of Person)

Law Offices of Michele Diglio-Benkiran, P.A.
(Name of Firm/Company)

1999 West Colonial Drive, Ste. 204
(Address)

Orlando, FL 32804
(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Diglio-Benkiran, Esq. at (407) 581.2565
(Name of Person) (Area Code & Daytime 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: At Your Door Self Stor, Orlando, Florida, LLC
2. The mailing address of the limited liability company is : 7598 Currency Drive, Orlando, Florida,
32809

10/29/2004

L03000017409

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William McDevitt

Name

2126 Landstreet Road

Address

Orlando, Florida 32809

City, State and Zip

6. The name and address of the new registered agent and/or office:

Pamela Fontane

Name

7598 Currency Road

Florida street address (P.O. Box NOT acceptable)

Orlando FL 32809

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William McDevitt
(Signature of a member or authorized representative of a member)

William Mc Devitt

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Pamela Fontane
(Signature of Registered Agent)

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