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TALLAHASSEE FLORID

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: SPRING GARDEN SELF STORAGE LIMITED LIABILITY (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: J. DANA FOGLE (Name of Person) (Firm/Company) P.O. Box 3699 (Address) DeLand, FL 32721-3699 (City/State and Zip Code) For further information concerning this matter, please call: J. Dana Fogle (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: \$25.00 Filing Fee \$55.00 Filing Fee & \$60.00 Filing Fee, 30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

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embers in accordance with their respective
. y judgment, order or decree which may be
erests necessary to approve the dissolution:
Printed Name
ANA FOGLE
RLAND R. FOGLE, JR.
NOMA INVESTMENTS, LLC
-

FILING FEE: \$25.00