

LOS000007381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

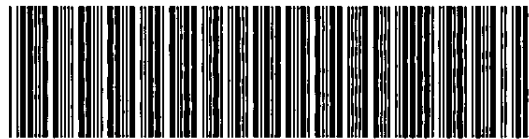
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

replied

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deluxe Storage LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darlene Foster

Name of Person

Deluxe Storage LLC

Firm/Company

P.O. Box 313

Address

Nocatee, FL 34268

City/State and Zip Code

darlene@deluxetrees.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Foster

Name of Person

at 863 9901746

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
CK #1143 enclosed
- ☐ \$30.00 Filing Fee &
Certificate of Status
- ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)
- ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

Deluxe Storage LLC

The Articles of Organization for this Limited Liability Company were filed on 1-12-2005 and assigned Florida document number **L05000003381**

Deluxe Holdings LLC

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8124 S.W. AVIARY ROAD
ARCADIA, FL 34269

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 313
Nocatee FL 34268

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

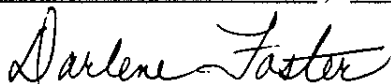
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 23, 2013.



Signature of a member or authorized representative of a member

Darlene Foster

Typed or printed name of signee

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Filing Fee: \$25.00

13 OCT 23 PM 12:51
TALLAHASSEE, FLORIDA