# L06000076937

(Requestor's Name)			
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Cit	y/State/Zip/Phone	<del>. #</del> \	
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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Certified Copies	_ Certificates	Of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE OF CORPORATIONS

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**EXAMINER** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2008

L BRUCE TRAYLOR OR JUNE O TRAYLOR ANYTIME SELF STORAGE LLC PO BOX 157 LYNN HAVEN, FL 32444

SUBJECT: ANYTIME SELF STORAGE, LLC

Ref. Number: L06000076937

We have received your document for ANYTIME SELF STORAGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 208A00002360

DIVISION OF CORPORATIONS

08. JAN 22 PM 3-37

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Anytime Self Storage LLC (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:
Lavon B Traylor (Name of Person)
(Name of Person)  Tray or Enterprises  (Firm/Company)
PO BOX 157 (Address)
Lynn Haven FL 32444  (City/State and Zip Code)
For further information concerning this matter, please call:
June Tray or at 850 522 - 9255  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certificate of Status  S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status &  Certified Copy (additional copy is enclosed)  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

## 'ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1 1 11 1

1. The name of a limited liability company is  PAYTIME SEE STO	rage LLC
2. The Articles of Organization were filed on	g 3, 2006 and assigned document mamber
3. The date the dissolution was approved:	y 31, 2006
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dissolution pursuant to section er letter).
OCTI OT Property	<del></del>
	·
5. CHECK ONE:	
r -OR-	nited liability company have been paid or discharged.
<ol><li>All remaining property and assets have been distribute rights and interests.</li></ol>	ed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the compa	ny in any court.
	tisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of n	nembership interests necessary to approve the dissolution:
Signature	Printed Name
CALLONG R.	- Lavon B Traylor
Juse O Daylor	June O Traylor
	•