

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
VALRICO STORAGE ASSOCIATES, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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DEC 17 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VALRICO STORAGE ASSOCIATES, 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:

JOHN PATTERSON, ESQ.

(Name of Person)

SHUTTS & BOWEN LLP

(Firm/Company)

46 NORTH WASHINGTON BLVD., SUITE 1

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN PATTERSON, ESQ. at 941 552-3500

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution


☐ \$55.00 Filing Fee, Certificate of Dissolution &  
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. The name of a limited liability company is  
VALRICO STORAGE ASSOCIATES, LLC
2. The Articles of Organization were filed on DECEMBER 5, 2007 and assigned  
document number L07000121017
3. The delayed effective date, the dissolution if not effective on the date of filing: DECEMBER 31, 2015  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
THE CONSENT OF ALL THE MEMBERS.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: N/A
6. Signature of an authorized person or if there are no members, the signature of the person appointed and  
listed above to wind up the company's activities and affairs:

  
Signature

JOHN PATTERSON  
Printed Name

**FILING FEE: \$25.00**

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