

L10000013917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

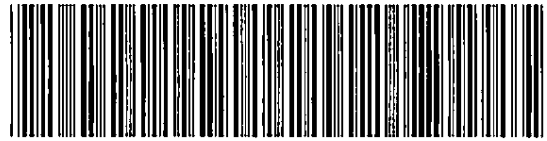
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON STORAGE, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Amendment or Cancellation of Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACQUELINE M. DURHAM, ESQ.
Name of Person

KOONTZ & ASSOCIATES, PL
Firm/Company

1613 FRUITVILLE RD.
Address

SARASOTA, FL 34236
City/State and Zip Code

JOANN@KOONTZASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE M. DURHAM at (941) 225-2615
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

FIRST: The name of the limited liability company is: AVALON STORANGE, LLC

SECOND: The Florida Document number of the limited liability company is: L10000013917

THIRD: The street address of the limited liability company's principal office is:

3996 AVALON BLVD., MILTON, FL 32583

The mailing address of the limited liability company's principal office is:

3996 AVALON BLVD., MILTON, FL 32583

FOURTH: The date the statement of authority became effective is: August 16, 2023

FIFTH: The statement of authority is cancelled.

OR

The amendment to the statement of authority is

N/A


Signature of authorized representative

CHRIS D. DE LUCA

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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