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JUN 17 2015 J SHIVERS

COVER LETTER,

TO: Registration Section Division of Corporations		
The Storage Depot Cente SUBJECT:	r, LLC	
	Limited Liability C	ompany)
The enclosed member, resignation or disso	ociation and fee	(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to) :
Matthew Toeniskoetter		
(Contact Person)		_
The Storage Depot Center, LLC		
(Firm/Company)		
5801 S. US Hwy 1		
(Address)		
Port St. Lucie, FL 34958		
(City/State and Zip Code)		_
For further information concerning this ma	atter, please cal	1:
Matthew Toeniskoetter	772 at (834-8732
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payabl ☐ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Division of Corporations		Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

1,



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department	
of State is: The Storage Depot Center, LLC	
2. The Florida document/registration number assigned to this limited liability company is:	
L11000011896	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/3 /2015	
of this limited liability company and affirm the limited liability company has been notified of my	15 JUN 16 PM 2:58
Signature of Vistociating Member or Resigning Manager Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	