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D. BRUCE

MAY 25 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Square Foot Storage (Name of Limited Liability)	Company)
The enclosed member, managing member or manager if filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	r to:
Diane Kull (Contact Person)	
(Contact Person)	
(Firm/Company)	
POBOX 1209	
POBOX 1209 (Address) Zephythills FT 33539 (City/State and Zip Code)	
For further information concerning this matter, please of	- -,
Digne Kull at (8/2) (Name of Contact Person) at (Area Contact Person)	3 97 3877 Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	da Department of State for: Set Filing Fee & 55 Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the l	imited liability company as it appears on the records of the Florida Department
of State is: 3q	vare Foot Storage LLC
·	ity company was organized under the laws of:
7 20111 1/2	
	ment/registration number of this limited liability company is:
4. I, S. Kell (Print Na	Hoffman, hereby resign as a Manager Nember me of Person Resigning) (Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
SUB	
Signature of Resig	niring Member, Managing Member or Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)