11000/35565

(Requestor's Name)	<u>.</u>
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Littly Warte)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	
Opecial instructions to 1 ming Officer.	
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C. GOLDEN

JAN - 9 2019

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: STORAGE AT LAKE WALES, LLC Name of Limited Liability Company
DOCUMENT NUMBER: L11000135565
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Sherrard
Name of Person
John Edgar Sherrard, P.A.
Name of Firm/Company
34 SE 5th Street
Address
Stuart, F1. 34994 City/State and Zip Code
jesesq@bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Sherrard at (772) 283-9322 Name of Person Area Code Daytime Telephone Number
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

Clifton Building

INHS17 (2/14)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, the un	dersigned,	
John Sherrard		, hereby resigns as	
	Name of Registered Agent	<u></u>	
Registered Agent for _	STORAGE AT LAKE WALES, LLC		_
	Name of Limited Liability Company		
L11000135565			
Document i	Sumber, if known		
	tion was mailed to the above listed limited liabilited and the office discontinued on the 31st day a		
- '	Signature of Resigning Agen		
If signing on behalf of	an entity:	2018 D	
	Typed or Printed Name	2018 DEC 26	
	Capacity	PM 5: 40	

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314