

L 14000/45503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Storage Property Investors, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert Hetsler, TR  
(Contact Person)

HMV Holdings, LLC  
(Firm/Company)

4529 San Lorenzo Blvd,  
(Address)

Jacksonville, FL 32224  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Hetsler

(Name of Contact Person)

at ( 904 )

472-5993

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

### STREET/COURTIER ADDRESS:

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

### MAILING ADDRESS:

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



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: Storage Property Investors LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000145503

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/26/2014

4. I, CamePlan FBO Noah Rosenfeld Roth & RA, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SEAL OF THE STATE OF FLORIDA  
TALLAHASSEE, FLORIDA