## L15000114337

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DIVISION OF CORPCE ATTORS

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: US 27 Storage, UC (Name of Limited Liability Comp	pany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
Kelly Stover (Contact Person)	
US 27 Storage, UC (Firm/Company)	
PO BOX 560437 (Address)	
Montvende, Fra 34756	
(City/State and Zip Code)  For further information concerning this matter, please call:	
Kelly Stover al 407	590-2341
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$55 Filing	epartment of State for: Fee & Certified Copy
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## DIVISION OF COME. DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM, FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes)

	선생님 그 사람들은 사람들이 되었다면 하는 사람들이 되었다면 하는 것이 되었다.	
1. The name of the	limited liability company as it appears on the records of the Florida Departmen	0
of State is:	US 27 STORAGE, UC	100
	ument/registration number assigned to this limited liability company is:	
70027	4644717	
	ember/manager withdrew/resigned or will withdraw/resign is:Au_6 /, 20	רו
4. 1, Mark	- A. STOVER, hereby withdraw/resign as a large of Person Resigning)	
^	16M (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.	
Ma	Sun	
Signature of Di	issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	