116000200998

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Harrie)
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200438116682

10/18/24--01011--005 **25.80

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	HIGHLAND 9W SELF STORAGE	LLC	
SUBJECT		of Limited Lia	bility Company
Dear Sir or i	Madam:		
The enclosed	d Statement of Termination and	fee(s) are subn	nitted for filing.
Please return	n all correspondence concerning	g this matter to	the following:
Debra Getts, E	isq.		_
	Name of Person		-
Tobin Reyes P	PLLC		
	Firm/Company		_
225 N.E. Mizr	ner Blvd., Suite 510		
	Address		_
Boca Raton, F	Florida 33432		
	City/State and Zip Code		-
dgetts@tobinr	reyes.com		
E-mail add	ress: (to be used for future annu	al report notific	cation)
For further i	nformation concerning this mat	ter, please call:	
Debra Getts, E	isq.	at (620-0656
ì	Name of Person	Area Cod	e Daytime Telephone Number
	ling Address:		Street Address:
-	stration Section sion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
	ihassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303

CR2E141 (2/14)

STATEMENT OF TERMINATION

	ntutes. I hereby submit the following Statement ompany is: HIGHLAND 9W SELF STORAGE, LE	
SECOND: The Florida Document number	of the limited liability company is: L1600020	00998
THIRD: The date of filing of the initial art	icles of organization is:	
FOURTH: The date of filing of the dissolu	October 4, 2024	
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affa	tirs and has determined
DocuSigned by: (F7A98070A0AF492	Owen Mark Sanderson	
Signature of Authorized Representative	Typed or printed name of signature	750 DE 100 ME
Cert	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	24 COT 18 - 7.1E : 22