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COVER LETTER

Division of Corporations			
SUBJECT: GULFSIDE STORAGE, LLC	;		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
JASON CATARINEAU	. 		
(Contact Person)			
CATARINEAU & CATARINEAU, LLC			
(Firm/Company)			
91750 OVERSEAS HIGHWAY			
(Address)			
TAVERNIER, FL 33070			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
JASON CATARINEAU	305 852-4833 at ()		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee.			
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			



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)

of State is: GU	LFSIDE STORAGE, LLC	·
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L1800001163	31	
		signed or will withdraw/resign is: 1/12/18
4. I, (Print)	Jame of Person Resigning)	, hereby withdraw/resign as a
MANANGINO		
	(Print Title)	
of this limited lia resignation in wr	• • •	he limited liability company has been notified of my
Charle	ra West	Chardra West HASS
Ū	issociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	