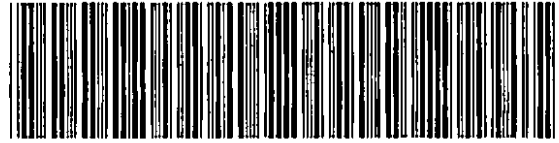


L1500082862



000311673150

08/09/18--01027--002 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no fee

Office Use Only

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2018 AUG - 1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
AUG 08 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2018

RANDALL BILLINGS
5415 DAVIS ST
FORT PIERCE, FL 34982

SUBJECT: STORAGE PIRATES LLC
Ref. Number: L18000082862

We have received your document for STORAGE PIRATES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 318A00015403

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storage Pirates 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:

Randall Billings
(Contact Person)

Storage Pirates LLC
(Firm/Company)

5415 Davis St
(Address)

Fort Pierce FL 34982
(City/State and Zip Code)

For further information concerning this matter, please call:

Randall Billings at (772) 519-0550
(Name of Contact Person) (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/COURIER 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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
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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: Florida

2. The Florida document/registration number assigned to this limited liability company is:
L18000082862

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/28/2018

4. I, Shirley Billings, 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.

Shirley Billings
Signature of Dissociating Member or Resigning Manager

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

FILED
2018 AUG - 1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA