## L73000/35028

Office Use Only



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## **COVER LETTER**

Division of Corporations				
NXT Level Storage SUBJECT:				
	imited Liability (	Company		
Dear Sir or Madam:				
The enclosed Statement of Authority and fee(s) are	submitted for fil	ing.		
Please return all correspondence concerning this ma	atter to the follow	ving:		
Gregory Wilbur				
Name of Person				
NXT Level Storage			<b>20</b>	
Firm/Company			23 AF	n e
431 Eat Spruce Street Suite B			2023 APR - 7	
Address	·		7888	بر بر با
Tarpon Springs. FL 34689			23 APR -7 PH 3: 43	_
City/State and Zip Code				
gregwilbura@gmail.com				
E-mail address: (to be used for future annual	ual report notifica	ation)		
For further information concerning this matter, plea	ase call:			
Greg Wilbur	281 at (	704-4262		
Name of Person	Area Co	de Daytime Teler	phone Number	

**Mailing Address:** 

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Floauthority:	orida Statutes, this limite	d liability company submits the fo	ollowing statement of
FIRST: The name of the limited li	ability company is: NXT	Level Storage LLC	
SECOND: The Florida Document	Number of the limited li	ability company is:	8
THIRD: The street address of the 431 East Spruce Street Su		's principal office is:	
Tarpon Springs, FL 34689			2023 AP
The mailing address of the 431 East Spruce Street Sur	he limited liability compa	any's principal office is:	2023 APR -7 PM 3: 43
Tarpon Springs, FL 34689	)		3: <b>L3</b>
•	whether as a member, tra		wise or to a specific
b. No authority	granted to:		
•	Gregory Wilbur	or otherwise act for or bind, the o	company.
b. No authority	granted to:		<u> </u>
		Gregory Wilbur	
Signature of authorized representati	Filing Fee:	Typed or printed nat \$25.00 y: \$30.00 (optional)	me of signature