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(Req	uestor's Name)			
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TO:	Regis	stration Section		
	Divis	sion of Corporations		
SUBJI	ECT:	USA Storage Yards, LLC		_
		(Name of Limit	ed Liability Cor	mpany)
The en	iclosed	l member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return	all correspondence concerning the	his matter to:	
Robert	M Lant	rip		
		(Contact Person)		_
USA St	torage Y	ards, LLC		
		(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_
19216 I	Lake Sv	vatara Dr		
		(Address)		
Eustis.	Florida	32736		
	-	(City/State and Zip Code)		-
For fu	rther is	nformation concerning this matter	r, please call:	
Robert	Lantrip		352 at (406-1378
	(N	ame of Contact Person)	(Area Code	2 & Daytime Telephone Number)
Enclos	sed ple	ase find a check made payable to	the Florida I	Department of State for:
= \$25	-			g Fee & Certified Copy
	Mailir	ng Address:		Street Address:
		stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
Tallaha		hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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)

				024 M SEC:	F
1. The name of the	limited liability company	as it appears o	n the records of t		
of State is:	a			ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο	
2. The Florida doci	ument/registration number	assigned to th	is limited liabilit	y company is 20	- 19 ²
3. The date this me	mber/manager withdrew/r	resigned or will	l withdraw/resign	5/7/2024 1 is:	_
Matthau John F					
(Print N	'ame of Person Resigning)				
Manager					
· · · · · · · · · · · · · · · · · · ·	(Print Title)	••			
of this limited lia resignation in wr	bility company and affirm iting.	the limited lia	bility company h	as been notified of r	ny
Mohn Jun	Bruz				
Signature of D	ssociating Member or Res	signing Manago	er		
•	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				