

L99000004415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

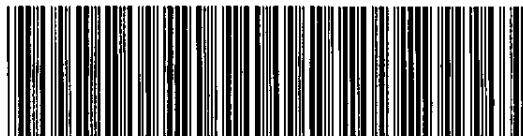
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

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LAW OFFICE OF FRANK P. SAIER, P.A.
1701 NW 80TH BOULEVARD
SUITE 102
GAINESVILLE, FLORIDA 32606
TELEPHONE: (352) 377-6111
FAX: (352) 377-6118
EMAIL: FRANKSAIERLAW@GMAIL.COM

August 4, 2015

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

**RE: Archer Mini Storage, LLC and
Archer Mini Storage II, LLC**

Dear Sir/Madam:

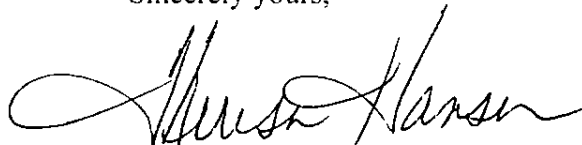
Enclosed please find the following documents for filing as to each above-named entity together with our filing fee check in the amount of \$135.00 for filing of the following:

1. Statement of Resignation of Registered Agent for a LLC;
2. Resignation of Member, Manager for a LLC; and,
3. Articles of Amendment to Articles of Organization.

As such, we would appreciate your filing the above-listed documents for each of the above-named entities and enclose 2 checks in the amount of \$135.00 for each group filing.

Thank you most cordially for your assistance in this regard. Should you have any questions, or need anything further, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Theresa Hansen", written in a cursive style.

Theresa Hansen

/th
Enclosures (as above-stated)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

RAY D. SMITH

, hereby resigns as

Name of Registered Agent

Registered Agent for ARCHER MINI STORAGE, L.L.C.

Name of Limited Liability Company

L99000004415

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

RAY D. SMITH

Typed or Printed Name

MANAGER

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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315 AUG 10 P 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314