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EXAMINER

MO1-150

COVER LETTER

Division of Corporations				
SUBJECT: Acquiport/Amsdell IV, LLC				
(Name of Foreign	gn Limited Liabilit	y Company)		
Dear Sir or Madam:				
The enclosed withdrawal and fee(s) are submitted	for filing.			
Please return all correspondence concerning this m	atter to the followi	ng:		
Jeffrey Foster				
(Name of Person)				
U-Store-It Trust				
(Firm/Company)		_	-1 P	
			2010 HAR 15 SECRETARY TALLAHASSI	erest PA
460 E. Swedesford Rd, Ste 3000			AR S	11.
(Address)			ASE TE	
Wayne, PA 19087			PA CF	m
(City/State and Zip Code)		_	STATE STATE	le and
For further information concerning this matter, ple	ease call:		Om .	
Erin Muchnick	_{at (} 610	989,5420		
(Name of Person)		& Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	;	
Enclosed is a check for the following amount:				
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Acquiport/Amsdell IV, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Floridage 460 E. Swedesford Road, Ste 3000
460 E. Swedesford Road, Ste 3000
(Mailing address)
Wayne, PA 19087
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Jeffrey Foster
(Typed or printed name of signee)

Filing Fee: \$25.00