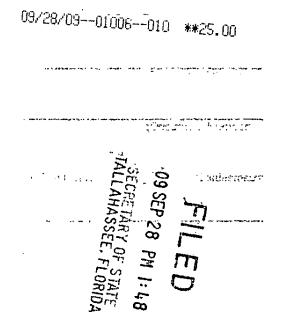
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	· Certificates	s.of Status
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Special Instructions to I	Filing Officer:	

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D. BRUCE
SEP 2 9 2009
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Quail Roost Self Storage LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Reime (Name of Person)
Westerville Min. Storage (Firm/Company)
5909 Westerville Rd  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)
Westerville of 43081  (City/State and Zip Code)
For further information concerning this matter, please call:
Robert Reime at (614) 882-8675
(Name of Person) (Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amount:
\$25 Filing Fee \$30 Filing Fee \$\$55 Filing Fee \$\$Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

Quail Roost Self Storage LLC
(Name of limited liability company)
(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 Florida.
5909 Westerville Rd. (Mailing address)
Westerville OH 43081 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Rand Reims. (Signature of member or authorized representative of a member)
Robert Reine, Sec/TReasurur
(Typed or printed name of signee)
P 26 ASS

Filing Fee: \$25.00