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SECRETARY OF STATE
ALLAHASSEF PESTATE

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COVER LETTER

TO: Registration Division of	Section Corporations		,		
SUBJECT:	Ommer a av (Name of I	nd Storage	e LLC		
The enclosed memb	er, managing member	or manager resig	nation and fee	(s) are submi	tted for
Please return all cor	respondence concerni	ng this matter to:			
John	Og US (Contact Person)		·		
	(Contact Person) and Storage (Firm/Company)		-	2001 AUG 30 SECRETARY TALLAHASSE	
P.O. Box Bradenton	9272 (Address) 7 FL 347 (City/State and Zip Code)	205	- ,	P 2: 40 OF STATE E. FLORIDA	
For further informat	tion concerning this m	atter, please call:			
John (Name of	Contact Person)	at (<u>941</u> (Area Code	737- & Daytime Tel	2482 ephone Numbe	er)
Enclosed please fin	d a check made payab 25 Filing Fee		Department of S S55 Filing Fee Certified Co	&	
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	ŀ

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	mited liability-company as it appears on the records of the Florida Department ommerce and Storage, LLEE
2. This limited liabili a South Caro business wit	lina limited liability company, authorized to transact thin the state of Florida.
M07000	nent/registration number of this limited liability company is:
	ne of Person Resigning) (Frint Fitle) lity company and affirm the limited liability company has been notified of my
Signature of Resignature	ning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
; ·	
CR2E079 (5/06)	Andrew Apple - Manager Manager