M07000003644

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| (Address) |
| (13.1.223) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| Office Use Only |



600268086616

01/12/15--01034--002 **25.00

FILED

2015 JAN 12 PM 1:41

SECRETARY OF STATE
OF STATE

JAN 23 2015 J. HARRIS

COVER LETTER

| • • • • • • • • • • • • • • • • • • • • | 1 | • | |
|-----------------------------------------|------------------------------------------------------------------------------------|--------------------------|-------------------------------------------|
| TO: Registration | | | |
| Division of | Corporations | | 1 |
| | 17- | 92 Self | Storage, LLC |
| SUBJECT: (Name of | | reign Limited Liability | Company) |
| | (i vaine of i o | reign Emitted Endomity | company) |
| Dear Sir or Madam: | | | |
| The enclosed withdra | awal and fee(s) are submitte | d for filing. | |
| Please return all corre | espondence concerning this | matter to the following | : |
| Robin Hochend | oner | | |
| | (Name of Person) | | |
| | | | |
| Veritage Manag | gement, Inc. | | |
| | (Firm/Company) | | - |
| | | | |
| 8171 Maple Lav | wn Blvd #375 | | - |
| | (Address) | | |
| Fulton, MD 207 | 759 | | |
| | (City/State and Zip Coo | de) | - |
| For further information | on concerning this matter, p | olease call: | |
| Robin Hochendoner | | 240 | 295-1623 |
| | ame of Person) | at (|) |
| (140 | and of tersony | (/iica code te | . Dayanie Telephone (Valider) |
| STREET/C | OURIER ADDRESS: | MAII | LING ADDRESS: |
| Registration Section | | Registration Section | |
| Division of Corporations | | Division of Corporations | |
| Clifton Building | | P.O. Box 6327 | |
| | 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | assee, Florida 32314 |
| | for the following amount: | | |
| △ \$25 Filing Fee | □ \$30 Filing Fee & | □ \$55 Filing Fee & | □ \$60 Filing Fee, |
| _ +== +8 | Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Name of limited liability company) |
|-------------------------------------------------------------------------------------------|
| (Name of limited liability company) |
| DELAWARE (Jurisdiction of its organization) |
| (Date registered with Florida Department of State) |
| M07000003644 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| Mondutile |
| (Signature of authorized representative) |
| Patricia Bowditch |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

SECRETARY OF STATE