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Special Instructions to Filing Officer:		
A. LUNT		
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SECRETARY OF STATE TALLAHASSEE, FLORIC

HAR 15 PM 1: 0

## **COVER LETTER**

Division of Corporations		
SUBJECT: YSI RT LLC		
(Name of Fore	eign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	d for filing.	
Please return all correspondence concerning this	matter to the following:	
Jeffrey Foster		
(Name of Person)		
U-Store-It Trust		
(Firm/Company)		7A S
460 E. Swedesford Rd, Ste 3000		2010 MAR 15 SECRETAR TALLAHASS
(Address)		717 ····
Wayne, PA 19087		E.F.
(City/State and Zip Cod	(e)	I I II
For further information concerning this matter, p	please call:	Ď' . O1
Erin Muchnick	<sub>at (</sub> 610 ) 989.5420	
(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 \$\times \text{Certificate of Status}\$	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

YSERELLC	
(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 Florida.	
460 E. Swedesford Road, Ste 3000 (Mailing address)	
Wayne, PA 19087	
(City/State/Tim)	
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	FILED
(Typed or printed name of signee)	

Filing Fee: \$25.00