

12/7/2016

Division of Corporations

m10000000606
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

**LLC DISSOLUTION OR WITHDRAWAL
SSTI 16400 STATE RD 84, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
2016 DEC -7 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 DEC -7 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. SCOTT
DEC 8 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSTI 16400 STATE RD 84, 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:

MEGAN PIDDUCK
(Name of Person)

EXTRA SPACE STORAGE INC.
(Firm/Company)

2795 E COTTONWOOD PKWY STE 400
(Address)

SALT LAKE CITY, UT 84121
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID L. RASMUSSEN at 801 365-4473
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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 & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SSTI 16400 STATE RD 84, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

2/8/2010

(Date registered with Florida Department of State)

M10000000606

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

DAVID L. RASMUSSEN

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA