

M11000001504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

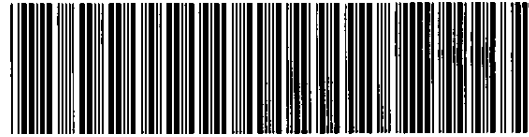
(Business Entity Name)

(Document Number)

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11 JUN 29 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN 30 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 1st Class Storage, LLC.  
Name of Limited Liability Company

**DOCUMENT NUMBER:** M11000001504

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sean Glock  
Name of Person

1st Class Storage, LLC.  
Name of Firm/Company

3708 N. Courtenay Parkway #101  
Address

Merritt Island, FL 32953  
City/State and Zip Code

1stclassstorage@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean Glock at ( 321 ) 452-2828  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
**11 JUN 29 AM 11:08**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Ivy Taylor

Name of Registered Agent

, hereby resigns as

Registered Agent for

1st Class Storage, LLC.

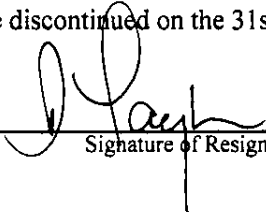
Name of Limited Liability Company

M11000001504

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

FILED  
11 JUN 29 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

~~\$ 85.00~~

\$ 25.00

Active limited liability company  
Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314