M13000006627

(Requestor's Name)				
(Address)				
(Address)				
(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



400430639124

2024 JUN 19 AM 9: 4-1



To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/19/24 Order #: 1540460-3

Re: New Tampa I75 Storage LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal Amount to be deducted from our State Account: \$25.00 - FL State Account Number: AUTH

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	istration s	orporations				
SUBJECT:	New Ta	mpa I75 Storage LLC				
SUBJECT.	(Name of Foreign Limited Liability Company)					
Dear Sir or M	1adam:					
The enclosed	withdrav	val and fee(s) are submitte	d for filing.			
Please return	all corres	pondence concerning this	matter to the followi	ing:		
Samantha I	Larson					
		(Name of Person)	-	_		
Metro Stora	ige LLC					
		(Firm/Company)		_		
13528 W. B	Soulton B	lvd				
		(Address)		_		
Lake Forest	t, IL 6004	1 5				
		(City/State and Zip Cod	c)	_		
For further in	ıformatio	n concerning this matter, p	olease call:			
Samantha l	Larson		847 at (235-8929		
	(Nan	ie of Person)		& Daytime Telephone Number)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a	check fo	r the following amount:				
■\$25 Filing	; Fe c	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

New Tampa I	75 Storage LLC	
	(Name of limited liability company)	200 TA:
Delaware		
	(Jurisdiction of its organization)	
10/18/18/2013	3	SEE O A
	(Date registered with Florida Department of State)	-ŋ ' -3
M1300000662	27	9: L STATI
	(Florida Document Number)	D
more than 90 Note: If the d	e date is listed, the date must be specific and cannot be prior to or days after filing.) ate inserted in this block does not meet the applicable statutory for not be listed as the document's effective date on the Department	filing requirements.
	(Signature of authorized representative)	
	Martin Gallagher, President (Typed or printed name of signes)	 -

Filing Fee: \$25.00