M13000007217

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PiCK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Hadicas)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Document Number)
	(=
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
į	





100268086411

01/12/15--01034--010 **25.00

2015 JAN 12 PH 4: 40
SECRETARY OF STATE
TALLAHASSEE, FLORID

15.1AN 12 PH 4:1

JAM 2 3 2015 J. HARRIS

COVER LETTER

TO: Registration Division of	r Section Corporations		
	55 Creek Se	elf Storage eign Limited Liability (
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	:
Robin Hocheno	loner		
	(Name of Person)		
Veritage Manag	gement, Inc.		
	(Firm/Company)		
8171 Maple La	wn Blvd #375		
	(Address)		
Fulton, MD 20	759		
	(City/State and Zip Cod	le)	
For further informati	on concerning this matter, p	lease call:	
Robin Hocheno	loner	240 at (295-1623
(N	ame of Person)		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	□ \$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

Cross Creek Selt Storage UC (Name of limited liability company)
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
11/13/2013 (Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M13000007217
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Pubowdial
(Signature of authorized representative)
Patricia Bowditch
(Typed or printed name of signee)

Filing Fee: \$25.00

2015 JAN 12 PM 4: 40 SECRETARY OF STATE