M15000001871

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20 FEB on the 3:54

SAMMONS MAR 0 2 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

10 to 10 to

ACCOUNT NO. : I20000000195 REFERENCE : 196312 4359228 AUTHORIZATION : Full Clare Control of the Control of th
ORDER DATE : February 28, 2020 ORDER TIME : 2:54 PM
ORDER NO. : 196312-065
CUSTOMER NO: 4359228
FOREIGN FILINGS NAME: NARCOOSSEE ACRES STORAGE LLC
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION .
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Kadesha Roberson - EXT#

COVER LETTER

TO: Registration Division o	on Section f Corporations		
Narco SUBJECT:	oossee Acres Storage LLC		
30b3EC1	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	Irawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	matter to the following	g:
Samantha Larson			
	(Name of Person)		-
Metro Storage LL0	2		
	(Firm/Company)		_
13528 Boulton Blv	⁄d		
	(Address)		_
Lake Forest IL 600)45		
	(City/State and Zip Coo	ie)	_
For further informa	tion concerning this matter, p	blease call:	
Samantha Larson		847	235-8929
C	Name of Person)	at (at (Area Code	& Daytime Telephone Number)
Registration Division of Clifton Bu 2661 Exec	f Corporations	Regi: Divis P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a chec	k for the following amount:		
■ \$25 Filing Fee	☐ \$30 Fiting Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Narcoossee Acres Storage LLC		202
(Name of limited liability company)	= = =	-
Delaware	• :	В 2
(Jurisdiction of its organization)		
March 11, 2015		AM IO
(Date registered with Florida Department of State)	<u> </u>	6 1 (
M15000001871		9
(Florida Document Number)		
(If an effective date is listed, the date must be specific and cannot be prior to domore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory fithis date will not be listed as the document's effective date on the Department	ling require	ments,
(Signature of authorized representative)		
Martin Gallagher (Typed or printed name of signes)		

Filing Fee: \$25.00