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 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT RESIGNATION STORAGE PROS PEMBROKE PINES LLC

Certificate of Status	0
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Estimated Charge	\$85.00

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Corporate Filing Menu

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
NRAI SERVICES, INC	
Name of Registered Agent	
Registered Agent for	
STORAGE PROS PEMBROKE PINES LLC	
Name of Limited Liability Company	
M15000004198	
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 ii	· ·
Signature harvesigning August	
If signing on behalf of an entity:	三 (1) - 対策
Kimberly Laughrey	5 급취
Typed or Printed Name	
Assistant Secretary	
Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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