

# M16000005588

\_\_\_\_\_  
(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



800384821498

2022 MAR 31 AM 11:43

A. BUTLER  
APR 01 2022

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 582103 8299567

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 30, 2022

ORDER TIME : 9:35 AM

ORDER NO. : 582103-045

CUSTOMER NO: 8299567

FOREIGN FILINGS

NAME: JACKSONVILLE STORAGE  
BUILDERS LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JACKSONVILLE STORAGE BUILDERS LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rob Harris

(Name of Person)

NexPoint Advisors, LP

(Firm/Company)

300 Crescent Ct, Ste 700

(Address)

Dallas, TX 75201

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (Area Code & 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 for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

FILED

2022 MAR 31 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

JACKSONVILLE STORAGE BUILDERS LLC

\_\_\_\_\_  
(Name of limited liability company)

DELAWARE

\_\_\_\_\_  
(Jurisdiction of its organization)

07/12/2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

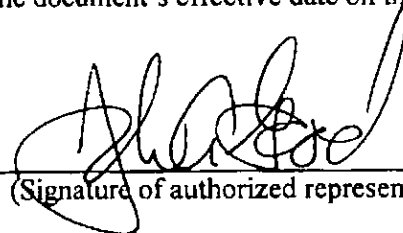
M16000005588

\_\_\_\_\_  
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
\_\_\_\_\_  
(Signature of authorized representative)

John A. Good, Authorized Signatory

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**