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EXAMINER:

CORPORATION SERVICE COMPANY

1201 Hays Street

CONTACT PERSON:

COVER LETTER

	Registration Division of	n Section Corporations			
ennie.		Storage Pool 1, LLC			
SUBJEC	.1;	(Name of Fore	sign Limited Liability	Company)	
Dear Sir	or Madam:				
The enclo	osed withdr	rawal and fee(s) are submitted	d for filing.		
Please re	turn all con	respondence concerning this	matter to the followin	g:	
Christie	Ford				
		(Name of Person)		_	
Fox Roth	hschild [_]_[Þ			
		(Firm/Company)		_	2024 DEC 13 AM 8: 34 SECUL 1: 137 JE STATE
434 Fayo	etteville St.	, Suite 2800			
		(Address)		_	ω
Raleigh,	NC 27601				
	<u> </u>	(City/State and Zip Code	e)	_	3: 34 FAIT
For furth	er informat	ion concerning this matter, p	lease call:		1.1
Christie	Ford		919 at (755-8721	
	(N	ame of Person)	(Area Code	& Daytime Telephone Number)	
	Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee
Enclosed	l is a check	for the following amount:			
■\$25 F	iling 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

CAP Storage Pool 1, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
02/06/2019		
(Date registered with Florida Department of State)		
M19000001640		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state		
(If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing rethis date will not be listed as the document's effective date on the Department of States (Signature of authorized representative) C. Brody Glenn, Authorized Signer	equiréine	and the state of t
(Typed or printed name of signee)		
CSC WD-11378		

Filing Fee: \$25.00