Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL GO STORE IT NAPLES STORAGE MT, LLC #13

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T. LEMIEUX APR 25 2023

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC		ore It Naples Storage MT, LLC	
308.160		oreign Limited Liability Company)	
Dear Sir	or Madam:		
The enclo	osed withdrawal and fee(s) are submitt	ed for filing.	
Please re	turn all correspondence concerning thi	s matter to the following:	
	(Name of Person)		
Capitol	Services - Corporate Filings	Team	
	(Firm/Company)		
515 Ea	st Park Avenue 2nd Fl		
	(Address)		
Tallaha	ssec , FL 32301		
	(City/State and Zip Co	ac)	
For furth	er information concerning this matter,	please call:	
		at (855) 498 - 5500 (Area Code & Daytime Telephone Number)	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
;	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Amendment Section	Amendment Section	
	Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327	
:	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314	
Enclosed	is a check for the following amount	:	
] \$ 25 Fi	ling Fee \$30 Filing Fee & Certificate of Status	S\$5 Filing Fee & S60 Filing Fee, Certified Copy Certified Copy Certified Copy	

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Go Store It Naples Storage MT, LLC		
(Name of limited liability company)	_].	
Delaware		
(Jurisdiction of its organization)		
October 10, 2019		
(Date registered with Florida Department of State)		
M19000009644	_	
(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:		
(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.)	2023 £	
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	<i>1</i> /2	
	S	ŗ.
	H F	C
	ċ	
(Signature of authorized representative)	50	
Ryan Hanks		
(Typed or printed name of signee)		

Filing Fee: \$25.00