

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codifical Coaling
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000421737400

ERL 2.-7 AMII:07

2624.1 2 -- 7 MHH: 07

RECEIVED



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

ACCOUNT NO.  REFERENCE  AUTHORIZATION  COST LIMIT	: Squideran	ノ 
ORDER DATE : 03/07/2024		
ORDER TIME :		· -1
ORDER NO. :		AM II: 07 UF STATE SSEE, FL
CUSTOMER NO:		: 07 TATE , FL
NAME: Weston Storage Prope	erty Owner, LLC	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPAN	<b>1</b> Y	
XXXX WITHDRAWAL/CANCELLATION		
PLEASE RETURN THE FOLLOWING AS	G PROOF OF FILING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS		
CONTACT PERSON: SHAUNA GODB	OLT	
	EXAMINER:	

## **COVER LETTER**

TO:

TO: Registratio Division of	n Section Corporations					
Westo	on Storage Property Owne	er, LLC				
	(Name of For	eign Limited Liability	Company)			-
Dear Sir or Madam:						
The enclosed withdr	rawal and fee(s) are submitte	d for filing.				
Please return all cor	respondence concerning this	matter to the followin	g:			
Lisa Gillespie						
	(Name of Person)		_			
DLA Piper LLP (U	S)					
	(Firm/Company)		_			
444 W. Lake Stree	et Suite 900				1.5	
	(Address)		_	1.1.1 10.00	-1	
Chicago, IL 60606	i			(1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	AM 11: 07	ų ∓ Reise Š <sub>eike</sub> i
•	(City/State and Zip Cod	e)		FLE	: 07	
For further informat	ion concerning this matter, p	dease call:				
Lisa Gillespie		312 at (	368-3408			
(N	ame of Person)		& Daytime Telephone	e Number)		-
Division P.O. Box	on Section of Corporations		Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporation Tallahassoe Street,	ee	810
Enclosed is a check	for the following amount:					
■\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	S60 Filing F Certificate of Certified Co	of Status &		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Weston Storag	ge Property Owner, LLC		
<del></del>	(Name of limited liability company)		
Delaware			
	(Jurisdiction of its organization)	/2.f*	
June 4, 2020		#3 #1	
	(Date registered with Florida Department of State)		
M2000000500	6	-7	°,
"-	(Florida Document Number)	=	- a
This limited li	ability company is withdrawing its certificate of authority in this statem	07	
Effective Date	e, if other than the date of filing: (or	tional)	ı
	e date is listed, the date must be specific and cannot be prior to date of fidays after filing.)	ling or	
Note: If the da	ate inserted in this block does not meet the applicable statutory filing requot be listed as the document's effective date on the Department of State		
	Mil S Heating		
	(Signature of authorized representative)		
	Michael Gershowitz		
	(Typed or printed name of signee)		

Filing Fee: \$25.00