(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
	J. HORNI JAN - 3 7	Ē
	JAN - 3 ?	2023
	<u> </u>	

Office Use Only



800390556138

2022 DEC 29 AH 11: 07

2022 DEC 29 PH 4: 16

6,

RECEIVED

00



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date:	12/29/2022	2					
	Janeile		_				
Reference	e #:1	866146	_				
		OSI 3565	126TI	AVE L	LC		
	icles of Incorpora	ation/Authorization	n to Trar	nsact Busin	ness		
_	ange of Agent						
_	instatement						
□ Co	nversion						
□ Ме	rger						
✓ Dis	solution/Withdra	awal					
☐ Fic	titious Name						
✓ Otl	nerF	Please provide a ce	rtified c	opy of the	filing evid	ence.	_
Authorize	d Amount:	\$55.00					
Signature	: Janei	lle Davis					

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

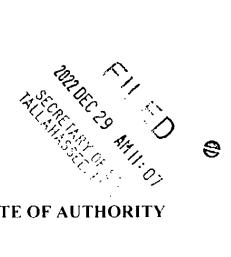
Account#: I20000000088

Date:	12/29/2022	
	Janelle Davis	_ _
Reference #	1866146	_
Entity Name	OSI 3565	126TH AVE LLC
	es of Incorporation/Authorization	
Amer Amer	ndment	
☐ Chan	ige of Agent	
☐ Reins	statement	
☐ Conv	rersion	
Merg	er	
✓ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
✓ Other	r Please provide a ce	rtified copy of the filing evidence.
Authorized A	Amount: \$55.00	
Signature: _	Janelle Davis	

F: 800.944.6607

COVER LETTER

то:	Registration Division o	on Section f Corporations				
SHRIF	·CT·	OSI	3565 12	6th Ave,	LLC	
	SUBJECT: (Name of Fe			d Liability	Compa	ny)
Dear S	ir or Madam	:				
The en-	closed withd	rawal and fee(s) are submitted	d for filing.			
Please	return all co	rrespondence concerning this	matter to the	e following	g:	
		Brooke Heinen				
		(Name of Person)			_	
	C	outour Storage Investm	nents			
		(Firm/Company)			_	
	8	800 Brickell Ave, Suite	904			
		(Address)			_	
		Miami, FL 33131				
		(City/State and Zip Cod	e)		_	
For fur	rther informa	tion concerning this matter, p	lease call:			
	В	rooke Heinen	at (203	_)	770-8540
	()	Name of Person)	(7	۲rea Code هٔ	& Daytin	ne Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		Section Corporations 27			
Enclos	sed is a chec	k for the following amount:				
_□ \$25	Filing Fee	_□ \$30 Filing Fee & Certificate of Status	_ ⊠ \$55 Fili Certifie		(60 Filing Fee, Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OSI 3565 126th Ave. LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
June 9, 2022
(Date registered with Florida Department of State)
M22000008995
(Florida Document Number)
Effective Date, if other than the date of filing:
Brooks Heinen
(Signature of authorized representative)
Brooke Heinen
(Typed or printed name of signee)

Filing Fee: \$25.00