## H2200001082

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
·	
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	JAN - 3 2023
	JWt

Office Use Only



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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	_
		INSON WAY LLC
☐ Articles	s of Incorporation/Authorization	to Transact Business
Ameno	dment	
Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
<b>✓</b> Dissolu	ution/Withdrawal	
Fictitio	us Name	
✓ Other_	Please provide a ce	rtified copy of the filing evidence.
Authorized Ar	mount: <b>\$55.00</b>	
Signature:	Janelle 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

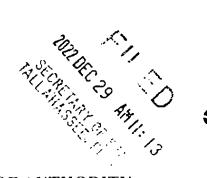
Date:	12/29/2022		
Name:	Janelle I	Davis	<del></del>
		6146	
		OSI 780 ST	TINSON WAY LLC
			n to Transact Business
Am	nendment		
Ch.	ange of Agent		
Re	instatement		
Co	nversion		
□ Ме	rger		
<b>⊘</b> Dis	solution/Withdrawa	al	
☐ Fic	titious Name		
<b>✓</b> Oth	nerPlea	ase provide a ce	ertified copy of the filing evidence.
Authorize	d Amount:	\$55.00	
Signature	O 11		<u></u>

F: 800.944.6607

F: +852.2682.9790

## **COVER LETTER**

то:	Registratio Division of	n Section Corporations				
SUBJEC	. <del>داند</del> ،	OSI 780	Stinson \	Nay We	est, LL	С
50000		(Name of Fore	ign Limited	Liability (	Company	)
Dear Sir	or Madam:					
The encl	losed withdi	rawal and fee(s) are submitted	for filing.			
Please re	eturn all cor	respondence concerning this n	natter to the	following:	:	
		Brooke Heinen				
		(Name of Person)	<u> </u>		•	
	0	utour Storage Investme	ents			
		(Firm/Company)				
	800	) Brickell Avenue, Suite	904			
		(Address)				
		Miami, FL 33131				
		(City/State and Zip Code	)	-	•	
For furth	ner informat	ion concerning this matter, ple	ease call:			
	В	rooke Heinen	at (	203	)	770-8540
	(5)	(ame of Person)	(Ar	ea Code &	Daytime	Telephone Number)
	Registratio Division of Clifton Bu 2661 Exec	f Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclose	d is a check	c for the following amount:				
_□ \$25 F	iling Fee	□ S30 Filing Fee & □ Certificate of Status	<b>ឪ</b> \$55 Filin Certified		Cer	Filing Fee, tificate of Status & tified Copy



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OSI 780 Stinson Way West, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
July 11, 2022
(Date registered with Florida Department of State)
M22000010682
(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:
Brooke Heinen
(Signature of authorized representative)
Brooke Heinen
(Typed or printed name of signee)

Filing Fee: \$25.00