P03000145349

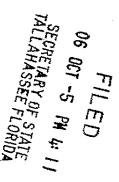
(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name)			
(Do	ocument Number)			
Certified Coples	Certificates of	Status		
Special Instructions to Filing Officer:				
<u> </u>				

Office Use Only



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Exclusive S-	torage, Inc.			
	(Name of Corpor	ation)		
DOCUMENT NUMBER: PO3	000145349	_	- 	
The enclosed Officer/Director Resig	••	and fee are subm	itted for filing.	18.75
Please return all correspondence cor	coming this motter to th	a following:		*
i lease return an correspondence cor	icetuing and matter to th	e following.		· ÷ = · ·
FRANCOS MACLElla. (Name of Pers	On)			
			•	• • •
Exclusive Storage Ir	C.		غين	
Exclusive Storage In	mpany)		t	
14444 W. DIVIE (Address)		, <u>24.</u> -		, i #
Miami, FLURIDA 3 (City/State and Zip	33 <i>161</i> Code)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
For further information concerning	this matter, please call:			
FRANCOIS MAC Lellan (Name of Person)	at (305 (Area Code	944- 805 & Daytime Teleph	one Number)	
Enclosed is a check for \$35.00 made	e payable to the Florida l	Department of Stat	te.	
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314		and the second s	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, USA S. GAlvan	, hereby resign as <u>Su</u>	cretary onle
or Exclusive Sto	rage Inc. Name of Corporation)	
P03000145349 (Document Number, if known)	, a corporation organized under the	ne laws of the State of
Florida	en e	
Dia	(Signature of resigning offices/director)	O6 Q
	FILING FEE IS \$35.00	FILED 7-5 PM 4: 1ARY OF STATE 1SSEE FLORID

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.Q. Box 6327
Tallahassee, Florida 32314