P03837

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Requ	uestor's Name		
		800	002912448
	Address		-06/22/99010660 *****35.00 ******
City/State/Zip Phone #		Offic	e Use Only
CORPORATION N	NAME(S) & DOCUMENT	NUMBER(S), (if know	vn):
1	oration Name)	(Document #)	99
(Corpo	pration Name)	(Doddiess)	
2(Corp.	oration Name)	(Document #)	22
3. (Corp	oration Name)	(Document #)	TE STAN
4(Corp	oration Name)	(Document #)	TAITE A
☐ Walk in	Pick up time	Certified	Сору
Mail out	Will wait Photo	ocopy Certificat	te of Status
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Off	icer/Director	
Limited Liability	Change of Registered A	gent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS	REGISTRATIO QUALIFICATI		
Fictitious Name	Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		

Trademark

Other

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

99 JUN 22 AM II: 04
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.	.1509, Florida Statues, the			
undersigned, C T CORPORATION SYSTEM	hereby resigns as			
(name of registered agent)				
Registered Agent for SSMINI STORAGE, INC.	-			
(name of corporation)				
ORGANIZED UNDER THE LAWS OF THE STATE OF NEVA	DA			
A copy of this resignation was mailed to the above listed corporation at its last known address. 990 Highland STE 300 Solana Beach, CA. 92075 Attn: Josephine Ramsey				
The agency is terminated and the office discontinued on the which the statement was filed.	ne 31st day after the date on			
The C	JAC SNATURE			

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation

ASSISTANT SECRETARY