P0500043309

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
•	,	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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SECRUTARY OF STATE
DIVISION OF COFFORALION

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	PINEDA SELF STORAGE, INC.	
	(Name of Corporation)	
DOCU	UMENT NUMBER: P05000043309	
The en	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	1
Please	return all correspondence concerning this matter to the following:	
Kar	ren Loraine	
	(Name of Person)	
Gra	ayRobinson, P.A.	
	(Name of Firm/Company)	
179	95 W. Nasa Blvd.	
	(Address)	
Ме	lbourne, FL 32901	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
Mic	chelle Deering (Name of Person) at (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclos or \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active co 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.	rporation

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	7.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	Patrick Healy
3 , <u>——</u>	(Name of Registered Agent)
hereby resigns as Registered Agent for	PINEDA SELF STORAGE, INC.
	(Name of Corporation)
P05000043309	
(Document Number, if known)	
A copy of this resignation was mailed to	the above listed corporation at its last known address.
The agency is terminated and the office of this statement is filed.	discontinued on the 31st day after the date on which
<i>/</i> }-	
(Sig	nature of Resigning Agent)
If signing on behalf of an entity:	
C	Typed or Printed Name)
	(Capacity)
	(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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