

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90315 008 \*\*\*\*50.00

**DOCUMENT # L06000012204**

1. Entity Name  
**CHARLOTTE STORAGE, LLC**



Principal Place of Business  
**8825 TAMiami TRAIL EAST  
NAPLES, FL 34113**

Mailing Address  
**8825 TAMiami TRAIL EAST  
NAPLES, FL 34113**

**30011438**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03222007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-4244226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410**

Name **Constance M. Burke**

Street Address (P.O. Box Number is Not Acceptable)

**1107 West Marion Avenue Suite 112**

City **Punta Gorda**

**FL** Zip Code **33950**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Constance M. Burke*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **BOFF, JOSEPH**  
STREET ADDRESS **8825 TAMiami TRAIL EAST**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **President** ☐ Change ☒ Addition  
NAME **Mr. Luit de Lange**  
STREET ADDRESS **8825 Tamiami Trail East**  
CITY-ST-ZIP **Naples FL 34113**

TITLE **MGR** ☒ Delete  
NAME **DE LANGE, LUIT**  
STREET ADDRESS **8825 TAMiami TRAIL EAST**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **Vice-President** ☐ Change ☒ Addition  
NAME **Mr. Joseph D. Boff**  
STREET ADDRESS **942 N. Collier Blvd**  
CITY-ST-ZIP **Marco Island FL 34145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Mr. Joel Ira Bobrow**  
STREET ADDRESS **8825 Tamiami Trail East**  
CITY-ST-ZIP **Naples FL 34113**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Mrs. Ulrike de Lange- Garner**  
STREET ADDRESS **8825 Tamiami Trail East**  
CITY-ST-ZIP **Naples FL 34113**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #