

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003440

FILED
Mar 04, 2008
Secretary of State

Entity Name: PUGH FAMILY LIMITED LIABILITY COMPANY

Current Principal Place of Business:

C/O STORAGE INN OF PENSACOLA
121 NEW WARRINGTON ROAD
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

C/O STORAGE INN OF PENSACOLA
121 NEW WARRINGTON ROAD
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 59-3552384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCARTHUR, DEBORAH ANN
3888 PARADISE BAY DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PUGH, RONALD C
Address: 31216 WOODLAND WAY
City-St-Zip: SPANISH FORT, AL 36527

Title: MGRM () Delete
Name: MCARTHUR, DEVAN
Address: 3888 PARADISE BAY DR
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: LABRATO, AMBER
Address: 3888 PARADISE BAY DR
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM () Delete
Name: PUGH, JAMES R JR
Address: 5716 BAY FOREST DR
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM () Delete
Name: PUGH, JOYCE A
Address: 5716 BAY FOREST DR
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM () Delete
Name: PUGH, JAMES R III
Address: 5716 BAY FOREST DR
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON PUGH

MGR.

03/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date