

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90050 015 *****50.00

DOCUMENT # L98000001193

1. Entity Name

SELF STORAGE SECURITY SOLUTIONS, LC



Principal Place of Business

**23423 SERENE MEADOW DR. S.
BOCA RATON FL 33428**

Mailing Address

**23423 SERENE MEADOW DR. S.
BOCA RATON FL 33428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0855305**

Applied For

Not Applicable

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

SCHULMAN, NORMAN

**23423 SERENE MEADOW DR. S.
BOCA RATON FL 33428**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**
NAME **SCHULMAN, NORMAN**
STREET ADDRESS **23423 SERENE MEADOW DR. S.**
CITY-ST-ZIP **BOCA RATON FL 33428**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **MGRM**
NAME **HATTON, KEVIN**
STREET ADDRESS **4209 NW 120 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

☐ Delete

TITLE **MGRM**
NAME **HATTON, KEVIN**
STREET ADDRESS **4209 NW 120 LANE**
CITY-ST-ZIP **SUNRISE FL 33323**

☒ Change ☐ Addition

TITLE **MGRM**
NAME **AMOROSO, ROBERT**
STREET ADDRESS **10345 SW 129 TERRACE**
CITY-ST-ZIP **MIAMI FL 33176**

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)