

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020638

**Entity Name:** BELLEAIR STORAGE OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

1115 PONCE DE LEON  
BELLEAIR, FL 33756

**Current Mailing Address:**

1115 PONCE DE LEON  
BELLEAIR, FL 33756

**FEI Number:** 31-1815013

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARDINALE, AMY J  
1115 PONCE DE LEON  
BELLEAIR, FL 33756 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name CASCARD ENTERPRISES, INC.  
Address 1115 PONCE DE LEON  
City-State-Zip: BELLEAIR FL 33756

Title D  
Name CARDINALE, AMY J  
Address 1115 PONCE DE LEON  
City-State-Zip: CLEARWATER FL 33756

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AMY J CARDINALE

**DIRECTOR**

**02/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date