

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075371

**Entity Name:** SIMPLY STORAGE MANAGEMENT, LLC**Current Principal Place of Business:**701 WESTERN AVENUE  
GLENDALE, CA 91201**Current Mailing Address:**701 WESTERN AVENUE  
GLENDALE, CA 91201 US**FEI Number:** 20-5333160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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 MGR  
Name SPIDELL, TERRANCE  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title MGR  
Name VITAN, NATHANIEL A.  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title MGR  
Name ADAMS, DREW  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title MGR  
Name BABINSKI, STEVEN C.  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title MGR  
Name LINDER, SHARON  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title MGR  
Name FABRICANT, DAN  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title MGR  
Name FRIEDMAN, ANDRES  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

Title VP  
Name WILLIAMS, ROBBIE  
Address 701 WESTERN AVENUE  
City-State-Zip: GLENDALE CA 91201

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*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:** DREW ADAMS**TREASURER****03/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	VP
Name	DOTSON, WINONA
Address	701 WESTERN AVENUE
City-State-Zip:	GLENDALE CA 91201