

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043948

**Entity Name:** CAUSEWAY STORAGE COMPLEX, LLC**Current Principal Place of Business:**1767 S. PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32927**Current Mailing Address:**415 PORT ROYAL BLVD.  
SATELLITE BEACH, FL 32937 US**FEI Number:** 26-0504170**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOUNT, KRISTY A  
605 S. PALM AVENUE  
TITUSVILLE, FL 32796 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	ROY, REMI
Address	415 PORT ROYAL BLVD.
City-State-Zip:	SATELLITE BEACH FL 32937

Title	MGRM
Name	ROY, ERIC
Address	3640 SOUTH TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND, FL FL 32952

Title	MGRM
Name	ROY, EDNA
Address	415 PORT ROYAL BLVD.
City-State-Zip:	SATELLITE BEACH FL 32937

Title	MGRM
Name	ROY, MARC R.
Address	415 PORT ROYAL BLVD.
City-State-Zip:	SATELLITE BEACH FL 32937

*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:** EDNA ROY**MANAGEMENT****02/15/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date