

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000135565

**Entity Name:** STORAGE AT LAKE WALES, LLC

**Current Principal Place of Business:**

3249 STATE RD 60 EAST  
LAKE WALES, FL 33853

**Current Mailing Address:**

3249 STATE RD 60 EAST  
LAKE WALES, FL 33853 US

**FEI Number:** 45-3934082

**Certificate of Status Desired:** Yes

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

SHERARD, JOHN  
34 SE 5TH STREET  
STUART, FL 34994 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 BACH, CHRISTOPHER D  
Address 3249 STATE RD 60 EAST  
City-State-Zip: LAKE WALES FL 33853

Title MGR  
Name BACH, GAIL  
Address 3249 STATE RD 60 EAST  
City-State-Zip: LAKE WALES FL 33853

Title MGR  
Name BACH, STORY  
Address 3249 STATE RD 60 EAST  
City-State-Zip: LAKE WALES FL 33853

*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:** STORY BACH

**MANAGING MEMBER**

**03/17/2017**

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

\_\_\_\_\_  
Date