

2015 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**FEI Number:** 45-3934082**Certificate of Status Desired:** No**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

Title	MGR
Name	BACH, DAVID C
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**MEMBER****02/25/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date