

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000130292

Entity Name: LECOMPTE STORAGE, LLC

Current Principal Place of Business:

3890 TURTLE CREEK DRIVE
SUITE A
PORT ORANGE, FL 32127

Current Mailing Address:

3890 TURTLE CREEK DRIVE
SUITE A
PORT ORANGE, FL 32127 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEBIS, DANIEL S
633 HILLS BOULEVARD
PORT ORANGE, FL 32127 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 LECOMPTE, JOSEPH
Address 3890 TURTLE CREEK DRIVE SUITE A
City-State-Zip: PORT ORANGE FL 32127

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: E JOSEPH LECOMPTE

MANAGER

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date