

**2018 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**

**01/18/2018**

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

\_\_\_\_\_  
Date