#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: PATRICIO URETA MANAGER

### **FEI Number: NOT APPLICABLE**

### Name and Address of Current Registered Agent:

CFRA, LLC 100 S ASHLEY DRIVE SUITE 400 TAMPA, FL 33602 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

| Authorized Person(s) Detail : |  |                 |  |
|-------------------------------|--|-----------------|--|
| Title                         | MGR                                    | Title           | MGR                                    |
| Name                          | URETA, PATRICIO                        | Name            | WICHMANN, PABLO                        |
| Address                       | 8600 NW SOUTH RIVER DRIVE<br>SUITE 100 | Address         | 8600 NW SOUTH RIVER DRIVE<br>SUITE 100 |
| City-State-Zip:               | MEDLEY FL 33166                        | City-State-Zip: | MEDLEY FL 33166                        |

MEDLEY, FL 33166

# DOCUMENT# L14000096088

## Entity Name: STARTUP STORAGE PALMETTO LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

8600 NW SOUTH RIVER DR SUITE 100

### **Current Mailing Address:**

8600 NW SOUTH RIVER DR SUITE 100 MEDLEY, FL 33166 US

Electronic Signature of Signing Authorized Person(s) Detail

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

FILED Feb 09, 2015 Secretary of State CC9313398750

Certificate of Status Desired: No

02/09/2015

Date