# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT F MCKEOWN

Electronic Signature of Signing Authorized Person(s) Detail

## Entity Name: IMPERIAL STORAGE L.L.C. **Current Principal Place of Business:**

4462 FAIRWAY OAKS DRIVE MULBERRY, FL 33860

DOCUMENT# L16000110272

### **Current Mailing Address:**

4462 FAIRWAY OAKS DRIVE MULBERRY, FL 33860 US

#### FEI Number: 81-2955289

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

MCKEOWN, ROBERT F 4462 FAIRWAY OAKS DRIVE MULBERRY, FL 33860 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	AMBR	Title	AUTHORIZED MEMBER
Name	MCKEOWN, ROBERT F	Name	MCKEOWN, JANICE LYNN
Address	4462 FAIRWAY OAKS DRIVE	Address	4462 FAIRWAY OAKS DRIVE
City-State-Zip:	MULBERRY FL 33860	City-State-Zip:	MULBERRY FL 33860

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

MANAGING MEMBER

01/28/2024 Date

FILED Jan 28, 2024 Secretary of State 9900707984CC

Certificate of Status Desired: Yes

Date