#### 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: NORMAN SCHULMAN

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: Electronic Signature of Registered Agent Authorized Person(s) Detail :

	Title	MGRM	Title	MGRM
	Name	SCHULMAN, NORMAN	Name	MARCUS, HAL
	Address	6489 NW 65TH WAY	Address	12346 WILES ROAD
	City-State-Zip:	PARKLAND FL 33067	City-State-Zip:	CORAL SPRINGS FL 33076
	Title	MGRM		
	Name	ALFARO, ERNESTO		
	Address	12346 WILES ROAD		
	City-State-Zip:	CORAL SPRINGS FL 33076		

### Name and Address of Current Registered Agent:

SCHULMAN, NORMAN 6489 NW 65TH WAY PARKLAND, FL 33067 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.

# DOCUMENT# L98000001193

Entity Name: SELF STORAGE SECURITY SOLUTIONS, LC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

12346 WILES RD CORAL SPRINGS, FL 33073

## **Current Mailing Address:**

6489 NW 65TH WAY PARKLAND, FL 33067

## FEI Number: 65-0855305

FILED Apr 18, 2017 Secretary of State CC6959313507

Date

Certificate of Status Desired: No

04/18/2017

Date