

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005352

**Entity Name:** NPV SELF STORAGE, LLC

**Current Principal Place of Business:**

13528 BOULTON BLVD  
LAKE FOREST, IL 60045

**Current Mailing Address:**

13528 BOULTON BOULEVARD  
LAKE FOREST, IL 60045 US

**FEI Number:** 59-3597783

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           MANAGER  
Name            CHANCY, MARVIN  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           MANAGER  
Name            RICE, SUZANNE  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           MANAGER  
Name            LEEDS, MICHAEL  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           MANAGER  
Name            LEEDS, LEONARD  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           MANAGER  
Name            MILLER, MARK E  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           MANAGER  
Name            ZARITSKY, STEVEN  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           AUTHORIZED REPRESENTATIVE  
Name            NAGEL, K. BLAIR  
Address         13528 BOULTON BLVD  
City-State-Zip: LAKE FOREST IL 60045

Title           MANAGER  
Name            NEW TAMPA I75 STORAGE LLC  
Address         13528 BOULTON BOULEVARD  
City-State-Zip: LAKE FOREST IL 60045

*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:** K. BLAIR NAGEL

**AUTHORIZED  
REPRESENTATIVE**

**04/18/2017**

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

\_\_\_\_\_  
Date