

2019 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 BLVD
LAKE FOREST, IL 60045 US

FEI Number: 53-3597783

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 R.
Address 13528 BOULTON BLVD
City-State-Zip: LAKE FOREST IL 60045

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

Title AUTHORIZED PERSON
Name NAGEL, K. BLAIR
Address 13528 BOULTON BLVD
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 PERSON

01/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date