

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000003329

**Entity Name:** U-HAUL CO. OF FLORIDA 15, LLC

**Current Principal Place of Business:**

2727 N CENTRAL AVE.  
PHOENIX, AZ 85004

**Current Mailing Address:**

2721 N CENTRAL AVE.  
PHOENIX, AZ 85004

**FEI Number:** 45-5443433

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MGR	Title	MGR, PRESIDENT
Name	TAYLOR, JOHN C	Name	SHOEN, EDWARD J
Address	2727 N CENTRAL AVE.	Address	2727 N CENTRAL AVE.
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004
Title	MANAGER	Title	TREASURER
Name	BEAUSOLEIL, RICARDO	Name	BERG, JASON A
Address	1209 ORANGE STREET	Address	2727 N CENTRAL AVE
City-State-Zip:	WILMINGTON DE 19801	City-State-Zip:	PHOENIX AZ 85004
Title	SECRETARY	Title	ASST. SECRETARY
Name	DE RESPINO, LARRY J	Name	WINKELMAN, STEPHEN R
Address	2727 N CENTRAL AVENUE	Address	2721 N CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004
Title	ASST. TREASURER	Title	ASST. TREASURER
Name	BRIDGEMAN, TOBIAS C	Name	HARTE, KEVIN J
Address	5555 KIETZKE LANE #100	Address	5555 KIETZKE LANE #100
City-State-Zip:	RENO NV 89511	City-State-Zip:	RENO NV 89511

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*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:** JOHN C TAYLOR

**MANAGER**

**04/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title ASST. SECRETARY  
Name CHADWICK, WESLEY  
Address 2721 N CENTRAL AVENUE  
City-State-Zip: PHOENIX AZ 85004