2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005357

Entity Name: U-HAUL CO. OF FLORIDA 19, LLC

Current Principal Place of Business:

2727 N. CENTRAL AVENUE PHOENIX, AZ 85004

Current Mailing Address:

2721 N. CENTRAL AVENUE PHOENIX, AZ 85004

FEI Number: 46-3513230

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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	MGR	Title	MGR
Name	TAYLOR, JOHN C	Name	SHOEN, EDWARD J
Address	2727 N. CENTRAL AVENUE	Address	2727 N. CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004
Title	MANAGER	Title	MANAGER
Name	BERG, JASON A	Name	HALPIN, JAMES
Address	2727 N. CENTRAL AVENUE	Address	1209 ORANGE STREET
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	WILMINGTON DE 19801
Title	MANAGER	Title	TREASURER
Name	HALL, TIMOTHY	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
		T:4 -	
Title	SECRETARY	Title	ASST. SECRETARY
Name	AVRAHAM, RAPHAEL J	Name	WINKELMAN, STEPHEN R
Address		Address	2721 N CENTRAL AVENUE
	2721 N CENTRAL AVENUE	Address	2721 N CENTRAL AVENUE
City-State-Zip:		City-State-Zip:	

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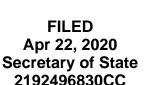
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered 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

04/22/2020

Electronic Signature of Signing Authorized Person(s) Detail



Date

Date

Authorized Person(s) Detail Continued :

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