

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000006862

Entity Name: U-HAUL CO. OF FLORIDA 23, LLC

Current Principal Place of Business:

2727 N CENTRAL AVE
PHOENIX, AZ 85004

Current Mailing Address:

2727 N CENTRAL AVE
PHOENIX, AZ 85004 US

FEI Number: 81-3664157

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	SHOEN, EDWARD J	Name	TAYLOR, JOHN C
Address	2727 N CENTRAL AVE	Address	2727 N CENTRAL AVE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004
Title	MGR, TREASURER	Title	MANAGER
Name	BERG, JASON A	Name	BLEIER, WILLIAM
Address	2727 N CENTRAL AVE	Address	1209 ORANGE STREET
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	WILLMINGTON DE 19801
Title	MANAGER	Title	SECRETARY
Name	EMERICK, SEAN L	Name	CAMPBELL, KRISTINE
Address	1209 ORANGE STREET	Address	2727 N CENTRAL AVENUE
City-State-Zip:	WILMINGTON DE 19801	City-State-Zip:	PHOENIX AZ 85004
Title	ASST. SECRETARY	Title	ASST. TREASURER
Name	WINKELMAN, STEPHEN R	Name	BRIDGEMAN, TOBIAS C
Address	2721 N CENTRAL AVENUE	Address	5555 KIETZKE LANE #100
City-State-Zip:	PHOENIX AZ 85004	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: KRISTINE CAMPBELL

SECRETARY

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name HARTE, KEVIN J
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511

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