

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005244

**FILED**  
**Mar 04, 2021**  
**Secretary of State**  
**7319831707CC**

**Entity Name:** STORAGE SYSTEMS UNLIMITED, INC.

**Current Principal Place of Business:**

3343 ASPEN GROVE DR, SUITE 290  
FRANKLIN, TN 37067

**Current Mailing Address:**

PO BOX 369  
FRANKLIN, TN 37065

**FEI Number:** 62-1690666

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            SECRETARY  
Name            KREAGER, WILLIAM F  
Address        3343 ASPEN GROVE DR, SUITE 290  
City-State-Zip: FRANKLIN TN 37067

Title            PRESIDENT  
Name            KREAGER, KAREN  
Address        3343 ASPEN GROVE DRIVE  
                  SUITE 290  
City-State-Zip: FRANKLIN TN 37067

Title            BOD  
Name            ADKINS, CATHERINE  
Address        3343 ASPEN GROVE DR, SUITE 290  
City-State-Zip: FRANKLIN TN 37067

Title            BOD  
Name            KREAGER, STEVEN  
Address        3343 ASPEN GROVE DR, SUITE 290  
City-State-Zip: FRANKLIN TN 37067

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN KREAGER**

**PRESIDENT**

**03/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date