

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90256 048 *****50.00

DOCUMENT # L00000002818

1. Entity Name

CORKSCREW VILLAGE SELF STORAGE, L.L.C.



Principal Place of Business

**4836 BONITA BEACH RD., STE. 6
BONITA SPRINGS FL 34134**

Mailing Address

**4836 BONITA BEACH RD., STE. 6
BONITA SPRINGS FL 34134**

2. Principal Place of Business

9220 BONITA BEACH RD

3. Mailing Address

9220 BONITA BEACH RD

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

Country

34135-4205 USA

Zip

Country

34135-4205 USA

4. FEI Number

59-3636255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BORDNER, DONALD B
4836 BONITA BEACH RD., STE. 6
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

BORDNER, DONALD B

Street Address (P.O. Box Number is Not Acceptable)

9220 BONITA BEACH RD

SUITE 101

City

BONITA SPRINGS, FL

Zip Code

34135-4205

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BORDNER, DONALD B**
STREET ADDRESS **4836 BONITA BEACH RD., STE. 6**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **BORDNER, DONALD B.**
STREET ADDRESS **9220 BONITA BEACH RD, SUITE 101**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135-4205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Donna B. Bordner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-12-03 239-4498-2100

0038430

CR2E083 (10/02)