## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000005690

Entity Name

## DREW STREET STORAGE COMPANY LLC



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90099 048 \*\*\*\*50.00

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Principal Plac	e of Business	Mailing Address			<b>\</b>				
2106 BIPHAM ROAD. #B SARASOTA FL 34231		46 N. Washington Blvd #1 Sarasota Fl 34236							B. 11 66 11 1881
2. Principal P	lace of Business	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	е	City & State			4. FEI Num	ber <b>59-364716</b>	8	<u> </u>	oplied For ot Applicable
Zip	Country	Zip .	Count	try	5. Certificat	e of Status Desired		55.00 Add	ditional
6. Name and Address of Current Registered Agent			<u> </u>	7. Name and Address of New Registered Agent					
DATE DOOM TOLD				Name					
PATTERSON, JOHN 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236				Street Address (P.O. Box Number is Not Acceptable)					
<b>0</b> , u -				0:1				T=:- 0	<del>-</del>
				City			FL	Zip Cod	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	d office or reg	istered agent, or b	oth, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable. (NOT	E: Registered	i Agent signature re	quired when reinstating)	<u> </u>	DATE		
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				y 1, 2003	ļ				Ì
9.	MANAGING MEME	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	BENNETT, RICHARD B		NAME						. \
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	ertify that the information supplied wi	th this filing does not qualify to			n Section 110 07/2	Vi) Florida Statutos I	further cost	h, that that	oformation

11. I hereby certify that the information supplied with this filling 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:

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

3/18/03

941-924-8786 Daytime Phone \*