2004	HAIEADM	DIIGINEGG	DEDART A	(IIBD)
2 00 i	UNIFURIM	BUSINESS	nerun:	(nen)

DOCUMENT # L0000005772 1. Entity Name MU SELF STORAGE LLC					FILED OIFEB-5 AM 8: 17							
Principal Place of Business Mailing Address 12902 US HWY 301 S RIVERVIEW FL 33569 Mailing Address 12902 US HWY 301 S RIVERVIEW FL 33569							SECRETARY OF STATE FALEAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mailing Address				,	• ,	[188118 8 8	(60 1 2 60		BLB: BILII [68()	8E 0	
Suite, Apt. #, et	tc.	S	Suite, Apt. #, etc.		1			D	O NOT WRIT	E IN THIS S	PACE	
City & State		C	City & State				4. FEI NO. 59-	umber 3664	4924		<u> </u>	plied For t Applicable
Zip	Country	Ž	Zip	Соип	try !			cate of Statu			\$5.00 Add Fee Require	
6	Name and Addre	ss of Current Regist	ered Agent		Name_			and Addre	ss of New R	gistered A		<u>.</u>
KNIGHT, RON 12902 US HW				,	Street A	ddress (I	P.O. Box Nu	ımber is Not	Acceptable))		
RIVERVIEW FI					i i					:		
		٦			City				•	FL	Zip Code)
8. The above nam	ned entity submits th	is statement for the p	urpose of changing its	registere	ed office or	registere	ed agent, o	r both, in the	State of Flo	rida.	·•	
SIGNATURE	ature, typed or printed name	of registered agent and title if	annicable (NOTE	Registere	d Agent signet	ure required	when reinstatin	n)		DATE		
		· · · · · · · · · · · · · · · · · · ·		W!!!	FEE IS \$	50.00		-				
9.		AGING MEMBERS/M	IEMBERS	10.					ADDITIONS/	CHANGES		
STREET ADDRESS 3	GR/MEM ONALD A. 814 CARD USKIN, F	ENAL	□ Delete				·			•	☐ Change	☐ Addition
TITLE".	EM	LLC , , CITY, NI	☐ Delete		1			300	003 -02/08 *****	/01~~0	50% 1115(*****	327
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete								Chạnge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Λ_	/		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP,			☐ Delete	•	,			<i>-</i>)γ			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	•	ì						☐ Change	☐ Addition
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 leceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: DIVIDITY OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #												