

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-28-2003 90001 035 ****50.00

DOCUMENT # L00000007719

1. Entity Name
STORAWAY SELF-STORAGE, L.L.C.



Principal Place of Business

**2130 C ENTERPRISE RD
ORANGE CITY FL 32763**

Mailing Address

**2130 C ENTERPRISE RD
ORANGE CITY FL 32763**

2. Principal Place of Business

2765 REBECCA LANE

Suite, Apt. #, etc.

STE A

City & State

ORANGE CITY, FL

Zip

Country

32763 USA

3. Mailing Address

2765 REBECCA LANE

Suite, Apt. #, etc.

STE A

City & State

ORANGE CITY, FL

Zip

Country

32763 USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3656144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, TOM
2130 C ENTERPRISE RD
ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

Name

DIETRICH, D. PAUL II

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

37 NORTH ORANGE AVENUE

STE 200

City

ORLANDO

FL

Zip Code

32801

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 **D. PAUL DIETRICH II**

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

(NOTE: Registered Agent signature required when reinstating)

1/16/03

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 **MGRM** ☐ Delete
NAME **SMITH, TOM**
STREET ADDRESS **2118 E. PARKTON DRIVE**
CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **SMITH, Tom**
STREET ADDRESS **2765 REBECCA LANE, STE A**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SIGNATURE REQUIRED**

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

1/16/03

Date

386/774-1595

Daytime Phone #

CR2E083 (10/02)