

2 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L00000008265**

Entity Name

FEDERAL STORAGE, LLC**FILED**
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90018 014 *****50.00

0040539

Principal Place of Business

**1227 S. LECANTO HWY.
LECANTO FL 34461**

Mailing Address

**1227 S. LECANTO HWY.
LECANTO FL 34461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

E

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1023298**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional-
Fee Required

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH FL 33401-0000**

7. Name and Address of New Registered Agent

Name

G. MAX BARNES

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

(POB 490)**441 N.E. 1ST ST.**

City

CRYSTAL RIVER FL

Zip Code

34429

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/02**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
T. ALEC RIGBY
1227 S. LECANTO HWY.
LECANTO FL 34461** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
RIGBY, ARLETTE
1227 S. LECANTO HWY.
LECANTO FL 34461** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

Date

Daytime Phone #

CR2E083 (9/01)