

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000015923

1. Entity Name
SECUREWAY SELF STORAGE, L.L.C.



Principal Place of Business
**242 FIFTH AVE.
INDIALANTIC, FL 32903**

Mailing Address
**P.O. BOX 33307
INDIALANTIC, FL 32903**



03072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3723288

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**COCHRAN, ROBERT L JR
242 FIFTH AVE
INDIALANTIC, FL 32903**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000738362
05/11/07-80065-010 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | COCHRAN, ROBERT L SR |
| STREET ADDRESS | 207 RIVERSIDE DR |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |

| | |
|----------------|---------------------------|
| TITLE | ST |
| NAME | COCHRAN, EVA MAE |
| STREET ADDRESS | 207 RIVERSIDE DR |
| CITY-ST-ZIP | MELBOURNE BEACH, FL 32951 |

| | |
|----------------|-----------------------|
| TITLE | V |
| NAME | COCHRAN, ROBERT L JR |
| STREET ADDRESS | 242 FIFTH AVE |
| CITY-ST-ZIP | INDIALANTIC, FL 32903 |

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| TITLE | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Robert L Cochran Sec/Treas 4-27-07 (321) 723-0406