2001 UN	IIFUKM BUS	INE99 KEPU	JK I	(UDK	,	•				
DOCUMENT # L00000016285 1. Entity Name								,		
MALLARD SELF STORAGE, L.L.C.						FILED				
Principal Place of Business Mailing Address Q				. ^		OIMAR 19 PM 5: 00				
3985 S. McCall Rd Englewood, 71		G444 Blueberry Dr Englewood. 31				SECRETARY OF STATE TALLAMASSEE, FLORIDA				
=	5424	34224								
2. Principal Place of Br	· · · · · ·	3. Mailing Address				į.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI I	Number		E-34	ot Applicable	
Zip	Country	Zip	Coun	try US	5. Cert	ificate of Status Desire		\$5.00 Add Fee Required		
6. Na	me and Address of Current	Registered Agent			7. Nam	e and Address of Ne				
-	-			-Name-	Tord	W Baui	mann			
	••			Street Add	ress (P.O. Box I	Number is Not Accepta	ible)			
		•		644	4 1311	DE PELLA	<u> </u>			
				Cotton.	=			Zip Code		
				لمراتع	ewood	2	FL	Zip Code	åa 4	
8. The above named e	ntity submits this statement fo	r the purpose of changing it	s registere	ed office or re	egistered agent,	or both, in the State of	Florida.		.	
SIGNATURE										
Signature, ty	ped or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature	required when reinsta	ting)	DATE			
		FILE N	iowill i	FEE IS \$5	0.00	•				
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	•	<i>ॠૠૡ</i> ∙ૡ੶				
11. I bereby certify tha	t the information supplied with	this filing does not qualify for	or the exe	mption state	d in Section 119	07(3)(i), Florida Statute	es. I further cert	ify that the in	nformation	
indicated on this re limited liability com	port is true and accurate and pany or the receiver of trusted	that my signature shall have e empowered to execute this	the same report as	e legal effect s required by	as if made unde Chapter 608, Fl	er oatn; that I am a ma orida Statutes.	naging member	or manager	i Ui iiie	
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SIGNATURE:	1000				· · · · · · · · · · · · · · · · · · ·	3 12	ව/			
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