

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000001288**

1. Entity Name  
**PALM BEACH PORTABLE STORAGE, LLC**



Principal Place of Business

**9550 PARKSOUTH CT  
SUITE 300  
ORLANDO, FL 32837**

Mailing Address

**9550 PARKSOUTH CT.  
SUITE 300  
ORLANDO, FL 32837**



04212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3709877**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GREENE, MICHAEL T  
9550 PARKSOUTH CT.  
SUITE 300  
ORLANDO, FL 32837**

**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, 2004**

1100000128322  
04/26/04-80083-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GREENE, TIMOTHY
STREET ADDRESS	9550 PARKSOUTH CT #300
CITY - ST - ZIP	ORLANDO, FL 32837

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #