

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005594

FILED  
Mar 07, 2008  
Secretary of State

Entity Name: A+ MINI STORAGE DAVIE L.L.C.

**Current Principal Place of Business:**

12200 S.W. 117TH AVE.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12200 S.W. 117TH AVE.  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-1098631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., STE. 125  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NUNEZ, MICHAEL A  
Address: 12200 S.W. 117TH AVE.  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: NUNEZ, RAUL L  
Address: 12200 S.W. 117TH AVE.  
City-St-Zip: MIAMI, FL 33186

Title: MGR ( ) Delete  
Name: LEONIFF, JACK  
Address: 12200 S.W. 117TH AVE.  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAUL NUNEZ

PRTN

03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date