

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006307

FILED
Jan 17, 2009
Secretary of State

Entity Name: LAKE DORA STORAGE MALL, L.L.C.

Current Principal Place of Business:

1605 E ALFRED ST
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

22036 LAKE SENECA ROAD
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 01-0553329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, SANDRA
22036 LK SENECA RD
EUSTIS, FL 32736 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: RILEY, SANDRA
Address: 22036 LAKE SENECA ROAD
City-St-Zip: EUSTIS, FL 32736

Title: MGRM () Delete
Name: RILEY, NICOLETTE
Address: 22036 LAKE SENECA RD
City-St-Zip: EUSTIS, FL 32736

Title: MGRM () Delete
Name: RILEY, CASEY J
Address: 22036 LK SENECA RD
City-St-Zip: EUSTIS, FL 32736

Title: MGRM () Delete
Name: RILEY, HOLLY L
Address: 22036 LK SENECA RD
City-St-Zip: EUSTIS, FL 32736

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:

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: SANDRA RILEY

MGR

01/17/2009

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