

DOCUMENT # L01000014380

1. Entity Name  
STORAGE KING, LLC

Principal Place of Business

1676 BEACON STREET  
BROOKLINE MA 02445-2101

Mailing Address

1676 BEACON STREET  
BROOKLINE MA 02445-2101

2. Principal Place of Business

2313 SW 57th TER.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip  
33023

Country  
USA

Zip

Country

4. FEI Number

52-2279942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORP DIRECT AGENTS  
103 N. MERIDIAN STREET  
LOWER LEVEL  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STEPHEN VITIELLO  
MANAGER  
2313 SW 57th TER  
Hollywood, FL 33023

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ERNEST CAPARELLI  
MEMBER  
2313 SW 57th TER  
Hollywood FL 33023

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

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

Date

Daytime Phone #

7/17/02 (954)  
985-6750

DO NOT WRITE IN THIS SPACE

FILED  
Sep 08, 2002 8:00 am  
Secretary of State

08-13-2002 90226 031 \*\*\*\*50.00

CR2E083 (4/02)