

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 016 ****50.00

DOCUMENT # L01000017710

1. Entity Name

ARGYLE FOREST SELF STORAGE, LLC

Principal Place of Business

**4315 PABLO OAKS COURT
 SUITE 1
 JACKSONVILLE FL 32224**

Mailing Address

**4315 PABLO OAKS COURT
 SUITE 1
 JACKSONVILLE FL 32224**

954285



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURST, CHRISTOPHER J
 4540 SOUTHSIDE BLVD.
 SUITE 302
 JACKSONVILLE FL 32216**

Name **BRAREN, MICHAEL E.**

Street Address (P.O. Box Number is Not Acceptable)
4315 PABLO OAKS COURT, SUITE 1

City **JACKSONVILLE**

FL

Zip Code **32224**

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.

SIGNATURE *Michael E. Braren* **Michael E. Braren** **4/17/02**
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAREN, MICHAEL E. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOKES, E. CHESTER, JR. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZYSKI, JERRY 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGMANN, THOMAS C. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUNKEL, JOHN C. 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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: *Michael E. Braren* **Michael E. Braren, Member** **4/17/02** **904/482-1100**
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date Daytime Phone #