

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000020710

1. Entity Name
STORAGE MANAGEMENT, LLC



Principal Place of Business
**9220 BONITA BEACH RD
STE 101
BONITA SPRINGS, FL 34135**

Mailing Address
**9220 BONITA BEACH RD
STE 101
BONITA SPRINGS, FL 34135**

DO NOT WRITE IN THIS SPACE



03302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3594719

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BORDNER, DONALD
9220 BONITA BEACH RD
STE 101
BONITA SPRINGS, FL 34135**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BORDNER, DONALD
STREET ADDRESS	9220 BONITA BEACH RD, STE 101
CITY-ST-ZIP	BONITA SPRINGS, FL 34135

TITLE	
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04/05/04-80081-004 50.00

**DO NOT WRITE
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

✓ *Don Borden* ✓ 4/1/04 229-498-2100
Date Day/Time Phone #