2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022114



FILED Jan 15, 2003 8:00 am Secretary of State

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Principal Place 1940 NIGHTEN TAVARES FL 3		Mailing Address 2730 C ENTERPRISE ROA ORANGE CITY EL 32763	10	1:00	21	00074	68	14E14 81E 1 (EE)
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	area Roo		CHECK HERE	IF MAKING	CHANGES	;
City & Stat	te .	City & State	174 . FL	4. FEI Num	ber 59-374741	1	_ 	pplied For ot Applicable
Zip	Country	Zip 32763	Country		te of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name and Address of	Current Registered Agent		7. Name ar	d Address of New R	egistered A	gent	
DIE	TRICH, D. PAUL II		Name			ŀ		
37 1	NORTH ORANGE AVE., ST ANDO FL 32801		Street Ado	dress (P.O. Box Numi	per is Not Acceptable)		
			City			FL	Zip Coc	le
8. The above the obligat	named entity submits this sta ions of registered agent.	tement for the purpose of changing its	s registered office or re	egistered agent, or b	oth, in the State of Flo	rida. 1 am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of regis	tered agent and title if applicable. (NOT	FE: Registered Agent signature	required when reinstating)		DATE;		
SIGNATURE .	Signature, typed or printed name of regis	FILE N Make Check Payab	OW!!! FEE IS \$50	0.00		DATE;		
	MANAGINO	FILE N Make Check Payab	OW!!! FEE IS \$50 le to Florida Depa	0.00	ADDITIONS/			
9.		FILE No Make Check Payab Du B MEMBERS/MANAGERS Delete	OW!!! FEE IS \$50 lie to Florida Depa le By May 1, 2003 10. TITLE NAME STREET ADDRESS	0.00 rtment of State SMITH. U みてしら 子体	JILLIAM T BECCA LA	CHANGES	STE F	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MANAGING MGRM SMITH, WILLIAM T -2730 C ENTERPRISE RI	FILE No Make Check Payab Du B MEMBERS/MANAGERS Delete	OW!!! FEE IS \$50 lie to Florida Depa le By May 1, 2003 10. TITLE NAME STREET ADDRESS	0.00 rtment of State SMITH. U みてしら 子体	JILLIAM T	CHANGES A O.E	576 F	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MGRM SMITH, WILLIAM T -2730 C ENTERPRISE RI	FILE No Make Check Payab Du S MEMBERS/MANAGERS Delete Delete Delete	OW!!! FEE IS \$50 ble to Florida Depa ble By May 1, 2003 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0.00 rtment of State SMITH. U みてしら 子体	JILLIAM T BECCA LA	HANGES 33	57€ € 163 □ Change	Addition

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

2003 LIMITED LIABILITY COMPANY Assaulmet 20007468 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0200004373 1. Entity Name STORAWAY - TAVARES, LLC Principal Place of Business Mailing Address 2730 C ENTERPRISE ROAD 2730 C ENTERPRISE ROAD ORANGE CITY FL 32763 **ORANGE CITY FL 32763** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Zip Not Applicable Country Zip Country \$5.00 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nambe DIETRICH, D. PAUL II 37 NORTH ORANGE AVE., STE. 200 ddress (P.O. Box Number is Not Acceptable) Street . ORLANDO FL 32801 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Delete CR2E083 (10/02) NAME ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: