

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90228 009 \*\*\*150.00

**DOCUMENT # L02000007437**



1. Entity Name

**USA STOR-A-WAY HERNDON GP, LLC**

Principal Place of Business

Mailing Address

**4051 WEST STATE ROAD 46  
SANFORD FL 32771**

**4051 WEST STATE ROAD 46  
SANFORD FL 32771**

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

**WRIGHT, MICHAEL E  
301 E. PINE STREET, SUITE 1400  
ORLANDO FL 32801**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGER  
GARY V. CARDAMONE  
467 STILL FOREST TERRACE  
SANFORD, FL. 32771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 606, Florida Statutes.

SIGNATURE:

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

*[Handwritten Signature]*

**GARY V. CARDAMONE 1-24-2003**

**407-302-4077**

Date

Daytime Phone #

CR2E083 (10/02)



Attachment 44001476  
#L02000007437  
Paving The Way To Better Storage Solutions<sup>sm</sup>

Richard E. Cardamone

Friday, May 09, 2003

To whom it may concern,

Please find the corrected 2003 Limited Liability Company Uniformed Business Report for USA Stor-A-Way Herndon, GP, LLC.

Upon receiving this form back for corrective action, we called your office to understand the issue. We were asked to remove the SS# that's been used for this entity on many other documents and replace it with nothing while checking "Not Applicable". The instructions were provide by your office staff and followed by us in order to get this document processed immediately.

If you have any questions, comments and/or concerns regarding this submission, please contact me directly at 407-302-4077.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard E. Cardamone".

Richard E. Cardamone  
Chief Operations Officer  
USA Stor-A-Way, Inc.

CC: Robert Porche Jr.