

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90144 037 ****50.00

DOCUMENT # L02000014428

1. Entity Name

STEVE'S STORAGE, LLC



Principal Place of Business

240 ANCLOTE ROAD
TARPON SPRINGS FL 34689

Mailing Address

240 ANCLOTE ROAD
TARPON SPRINGS FL 34689

2. Principal Place of Business

240 ANCLOTE ROAD

Suite, Apt. #, etc.

3. Mailing Address

240 ANCLOTE RD

Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

U.S.A.

Zip

34689

Country

U.S.A.

4. FEI Number

04-3727827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RONDOS, STEVE
240 ANCLOTE ROAD
TARPON SPRINGS FL 34689

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 Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME RONDOS, STEVE
STREET ADDRESS 1307 E LEMON ST
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE MGR ☐ Delete
NAME DORTCH, IDA
STREET ADDRESS 240 ANCLOTE RD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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:

Steve Rondo

7-26-04 727-798-3458

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

Date

Daytime Phone #