

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90134 049 ****50.00

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1. Entity Name
CITY STORAGE, LLC



Principal Place of Business
1104 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

Mailing Address
1104 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145



2. Principal Place of Business
1001 N. Bartfield Dr.
Suite, Apt. #, etc.

3. Mailing Address
1001 N. Bartfield Dr.
Suite, Apt. #, etc.

07212004 Chg-LLC CR2E083 (10/03)

City & State
Marco Island, FL
Zip
34145
Country
USA

City & State
Marco Island, FL
Zip
34145
Country
USA

4. FEI Number
113683768
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B
1104 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name
Donne J. Dufault
Street Address (P.O. Box Number is Not Acceptable)
1001 N. Bartfield Dr.
City
Marco Island, FL
Zip Code
34145

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 Daniel J. Dufault Daniel J. Dufault 7/21/04
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 September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Donne J. Dufault, Sr.	1441 Cambridge Ct	Marco Island, FL 34145		

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: Daniel J. Dufault Daniel J. Dufault 7/21/04
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

239-394-8778