

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90418 047 \*\*\*\*50.00

**DOCUMENT # L03000011031**

1. Entity Name  
ASAP STORAGE OF LEHIGH ACRES, FL, L.C.



Principal Place of Business  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

Mailing Address  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

24044504



2. Principal Place of Business  
3021 Lee Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 1753  
Suite, Apt. #, etc.

03252004 Chg-LLC CR2E083 (10/03)

City & State  
Lehigh Acres, FL  
Zip Country  
33971 USA

City & State  
Lawrence, FL  
Zip Country  
66044 USA

4. FEI Number  
20-0093363  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY  
2033 MAIN STREET, SUITE 600  
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name  
J. E. Santanaria  
Street Address (P.O. Box Number is Not Acceptable)  
1700 Ben Franklin 12D  
City  
Sarasota FL Zip Code  
34236

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)

3/29/04  
DATE

Filing Fee is \$50.00  
Due by May 1, 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
	Managing member				
	J. E. Santanaria				
	PO Box 1753				
	Lawrence, KS		66044		

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

Date

Daytime Phone #

3/29/04