## **2005 LIMITED LIABILITY COMPANY** REINSTATEMENT

DOCUMENT #1 02000019244



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name LENA ROAD STORAGE, LLC				05 MAY 12 AM 10: 56				
Principal Place of Business 10960 STATE ROAD 70 EAST BRADENTON, FL 34202		Mailing Address 10960 STATE ROAD 70 EAST BRADENTON, FL 34202				II ABIJE HEN BONI ODNI ODNI	Delek kidan leke lian elak	<b>0</b> /1991 ## (97)
2. Principal Place of Business 2840 Manatee Avenue East		3. Mailing Address  2840 Manatee Avenue East Suite Apt. #. etc.		e East				
Suite, Apt. #, etc.					03292005 REIN-LLC CR2E101 (6/04)			
city & State Bradenton, FL		City & State Bradenton, FL			4. FEI Numb	ner	<u> </u>	Applied For Not Applicable
<sup>Zip</sup> 34208	Country U.S.	<sup>Zip</sup> 34208	Country U.S.		5. Certificate	of Status Desired	□ \$5.00 A Fee Requi	
6. Name and Address of Current Registered Agent				10	7. Name and	d Address of New R	egistered Agent	
	ARK R ATE ROAD 70 EAST ON, FL 34202	M		Ma	ark R. Ogles s (P.O. Box Number is Not Acceptable)			
		<u>2840 Manatee</u> <sup>Ciy</sup> Bradenton			on	FL Zip Code 34208		
8. The above named entity symmits 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.  MARK R.OGLES, Registered Agent April 28, 2005								
Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent alignature required when reinstatting)  DATE								
FILE	NOW!!! FEE IS \$200.00						e check payable to Department of St	L L
9.	MANAGING MEMBER		10.			ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY A. HASSEN 4605 9th Avenue East		TITLE NAME STREET ADDR CITY-ST-ZIP	ess	REIN	STATE		4-05 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager □ Delete ™ MARK R. OGLES 2840 Manatee Avenue Fast		TITLE NAME STREET ADOR CITY-ST-ZIP	:55			Change	e 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager □ Delete 117L NAM STRI 2840 Manatee Avenue East CITY CITY			ESS	( 06/	50005E	□ Change 1034481 177004 **	_
1ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Changi	e Addition
TIPLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY - SE-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Chang	
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 accordate 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: MARK R. OGLES, Manager 4/28/05 (941) 752-3434  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Despire Proces  Despired P								