


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90087 036 ***138.75

DOCUMENT # L03000041758	
1. Entity Name BUCKEYE SELF STORAGE OF PLANT CITY, LLC	

Principal Place of Business 1610 JIM JOHNSON RD PLANT CITY, FL 33566	Mailing Address 1610 JIM JOHNSON RD PLANT CITY, FL 33566
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 111059
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State NAPLES FL
Zip	Zip 34108
Country	Country US



01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0358329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent YOCOM, BEN C JR 4855 BOXWOOD WAY NAPLES, FL 34116	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOCOM, BENJAMIN C JR. 4855 BOXWOOD WAY NAPLES, FL 34116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	BEN C. YOCOM JR PRES 1/8/08 239-594-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #