

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045771

FILED
Jan 20, 2009
Secretary of State

Entity Name: ALL SECURE STORAGE OF VALPARAISO, LLC

Current Principal Place of Business:

900 VALASTICS AVENUE
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

900 VALASTICS AVENUE
VALPARAISO, FL 32580

New Mailing Address:

FEI Number: 59-3696208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAST, WILLIAM C
900 VALASTICS AVENUE
VALPARAISO, FL 32580 US

Name and Address of New Registered Agent:

LAST, TAMARA M
900 VALASTICS AVENUE
VALPARAISO, FL 32580 US

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.

SIGNATURE: TAMARA LAST

01/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEVITA, SHANNON H
Address: 900 VALASTICS AVENUE
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM () Delete
Name: TAMARA, LAST
Address: 609 CLOUTE ST
City-St-Zip: FORT ATKINSON, WI 53538 US

Title: MGRM (X) Delete
Name: LAST, WILLIAM C
Address: 609 CLOUTE ST
City-St-Zip: FORT ATKINSON, WI 53538 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMARA LAST

MGRM

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date