

L03000051444

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000042109 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : GRAY, HARRIS, ROBINSON, SHACKLEFORD, FARRIOR
Account Number : I19990000047
Phone : (813)273-5046
Fax Number : (813)273-5145

LIMITED LIABILITY REINSTATEMENT

WESTCHASE SELF-STORAGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

RECEIVED
06 FEB 15 PM 3:15
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE FLORIDA

06 FEB 15 AM 11:23

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

02/15/2006 15:03 5247

GRAYROBINSON

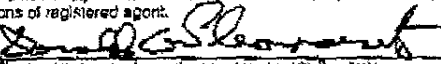
APPROVED
AND
FILED

2/02

**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

06 FEB 15 AM 11:23

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

DOCUMENT # L03000051444					
1. Entity Name WESTCHASE SELF-STORAGE, LLC					
Principal Place of Business 201 N FRANKLIN ST, STE 2200 TAMPA, FL 33602			Mailing Address 201 N FRANKLIN ST, STE 2200 TAMPA, FL 33602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VAN VORIS, JOHN I ESQ 201 N FRANKLIN ST, STE 2200 TAMPA, FL 33602				Name Donald A. Pleasants	
				Street Address (P.O. Box Number is Not Acceptable) 5222 S. Crescent Dr.	
				City Tampa	
				FL Zip Code 33611	
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 				DATE 2/15/2006	
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN VORIS, JOHN MGR 201 NORTH FRANKLIN STREET, STE 2200 TAMPA, FL 33602	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONALD A. PLEASANTS 5222 S. Crescent Dr. Tampa, FL 33611	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAMES I. GAIL 983 Bayou Lane Crystal Beach, FL 34681	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 				DATE: 2/15/2006 (813) 831-1954	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE	

(((H06000042109 3)))