

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008200

Entity Name: HWY. 29 STORAGE, L.L.C.

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3289 HIGHWAY 29 SOUTH  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2703  
LABELLE, FL 33975

**New Mailing Address:**

FEI Number: 20-1221015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENDRY, JOSEPH M II  
606 W. SUGARLAND HIGHWAY  
CLEWISTON, FL 33440 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FINKS, GLENN  
Address: 479 LIVE OAK LN  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: FINKS, GERI  
Address: 479 LIVE OAK LN  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: HANSHAW, TRACY  
Address: 1055 FT. THOMPSON AVE  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: HANSHAW, BONNIE  
Address: 1055 FT. THOMPSON AVE  
City-St-Zip: LABELLE, FL 33935

I hereby 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: BONNIE HANSHAW

MGR

04/26/2012

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