


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90221 017 ****50.00

DOCUMENT # L04000011771			
1. Entity Name ANYTIME STORAGE, LLC			
Principal Place of Business P O BOX 157 LYNN HAVEN FL 32444 US		Mailing Address P O BOX 157 LYNN HAVEN FL 32444 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TRAYLOR, LAVON B 14228 LOUISE DRIVE SOUTHPORT FL 32409		7. Name and Address of New Registered Agent Name <u>TRAYLOR, LAVON B</u> Street Address (P.O. Box Number is Not Acceptable) <u>14228 LOUISE DRIVE</u> City <u>SOUTHPORT</u> FL <u>32409</u>	
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 <u>Lavon B. Traylor</u> DATE <u>2/07/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			



1st MOORE CR2E083 (10/06)

4. FEI Number **83-0384545**
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TRAYLOR, LAVON B P O BOX 157 LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TRAYLOR, JUNE O P O BOX 157 LYNN HAVEN FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM MCKINNEY, FRANCES O 3150 STATE AVENUE PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: June O Traylor June O Traylor 2/07/07 8505229206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #