

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90177 018 ****50.00

DOCUMENT # L04000078167

1. Entity Name:
BOX-N-SHIP, LLC



Principal Place of Business
C/O U STO IT MINI STORAGE
3725 S. US 1 HIGHWAY
EDGEWATER, FL 32141 US

Mailing Address
P.O. BOX 1261
ALAMO, CA 94507 US

20010433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #: etc.

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1805469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDGE GATE, LLC
3725 S. US 1 HIGHWAY
EDGEWATER, FL 32141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME THOMAS & ANDREA VARDELL LIVING TRUST ...
STREET ADDRESS 875 SUNNYBROOK WAY
CITY-ST-ZIP PLEASANTON, CA 94566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME JONES 1990 LIVING TRUST
STREET ADDRESS 875 SUNNYBROOK WAY
CITY-ST-ZIP PLEASANTON, CA 94566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas A. Vardell
Managing Member

Date

Daytime Phone #

2/10/05 925-366-8950