

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000090081

Entity Name: FORT STORAGE, L.L.C.

FILED
Jun 19, 2007
Secretary of State

Current Principal Place of Business:

2553 FRANK CIRCLE
GULF BREEZE, FL 32563

New Principal Place of Business:

4114 AVALON BLVD
MILTON, FL 32583

Current Mailing Address:

2553 FRANK CIRCLE
GULF BREEZE, FL 32563

New Mailing Address:

P.O. BOX 11968
PENSACOLA, FL 32524

FEI Number: 20-2119323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FINGER, BRIAN T
2553 FRANK CIRCLE
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

FINGER, BRIAN T
746 PEAKES POINT
GULF BREEZE, FL 32563 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: BRIAN T. FINGER

06/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FINGER, BRIAN
Address: 746 PEAKES POINT
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: BELL, ALLAN
Address: 6 HIGHPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

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: BRIAN T. FINGER

MGR

06/19/2007

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