

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000036846

1. Entity Name
BIG TOY STORAGE USA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 NOV -7 PH 5:21

Principal Place of Business
16405 WEST COLONIAL DRIVE
OAKLAND, FL 34787

Mailing Address
P.O. BOX 120335
CLERMONT, FL 34712

2. Principal Place of Business

3. Mailing Address

P.O. Box 120355



11032006 REIN-LLC CR2E101 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Clermont FL

4. FEI Number
20-2781751

Applied For
Not Applicable

Zip Country

Zip Country
34712 US

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

6. Name and Address of Current Registered Agent

JONES, BRET
700 ALMOND STREET
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name
Randall Langley
Street Address (P.O. Box Number is Not Acceptable)
16405 W. Colonial Dr.
City
Oakland, FL 34787
Zip Code
FL 34787

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.

R.B. Langley

(NOTE: Registered Agent signature required when reinstating)

11/3/06

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LANGLEY, RANDALL B
15405 WEST COLONIAL DRIVE
OAKLAND, FL 34787

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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:

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

11/3/06

4076548695

Date

Daytime Phone #