

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90036 016 ***138.75

DOCUMENT # L05000053591

1. Entity Name

UNITED SELF STORAGE, LLC



Principal Place of Business

12148 LILLIAN AVE.
LARGO FL 33778

Mailing Address

12148 LILLIAN AVE.
LARGO FL 33778

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

1st MOORE

CR2E083 (10/07)

4. FEI Number
38-3721944

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

PHILLIPOFF, JOHN V
12148 LILLIAN AVE.
LARGO FL 33778

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME WILEY, AMANDA P
STREET ADDRESS 9659 125TH ST NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE MGRM ☒ Change ☐ Addition
NAME Wile, Amanda P.
STREET ADDRESS 1180 Kennedy Rd.
CITY-ST-ZIP Arnoldsville, FL 33772

TITLE MGRM ☐ Delete
NAME PHILLIPOFF, JOHN V II
STREET ADDRESS 9659 125TH ST NORTH
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☒ Change ☐ Addition
NAME ~~PHILLIPOFF~~
STREET ADDRESS
CITY-ST-ZIP OK

TITLE MGRM ☐ Delete
NAME BREWER, JENNIFER P
STREET ADDRESS 4985 EAST HILLCREST DR
CITY-ST-ZIP PORT ORCHARD WA 98366

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 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 609, Florida Statutes.

SIGNATURE:

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

Date

Corporate Phone #

2-17-08 727 235 414