

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000109244

1. Entity Name
SOUTH DALE MABRY SELF STORAGE, LLC



Principal Place of Business
6424 PINECASTLE BLVD., SUITE A
ORLANDO, FL 32809

Mailing Address
6424 PINECASTLE BLVD., SUITE A
ORLANDO, FL 32809



01102007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3811444

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILES & HOLDINGS, LLP
6424 PINECASTLE BLVD., SUITE A
ORLANDO, FL 32809

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IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LACROSSE, DOUG
STREET ADDRESS	3303 W. MORRISON AVE
CITY - ST - ZIP	TAMPA, FL 33628
TITLE	P
NAME	BAILES, JR, CHARLES E
STREET ADDRESS	6424 PINECASTLE BLVD., STE A
CITY - ST - ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000627587
02/15/07-80069-003 \$0.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Doug Lacrosse DOUG LACROSSE 2/6/07 407 816-0100