

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Mar 24, 2008 08:00 A
Secretary of State



01182008 No Chg-LLC

CR2E083 (12/07)

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

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000866799
04/08/08-80043-024 138.75

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	

**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 #

3/19/08

407 816-0100