2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

	Aug 29, 2008 8:00 am Secretary of State
a	08-29-2008 90048 022 ***538.75

DOCUMENT # L06000008241 1. Entity Name MID FLORIDA STORAGE, LLC								C	08-29-2008	90048 ()22 ***53	8.75
			Mailing Address 2970 SOUTH ATLANTIC DAYTONA BEACH SHOR							500	09779)
2. Principal Place of Business - No P.O. Box # 444 Seabreeze Blvd. Suite, Apt. #, etc.			3. Mailing Address Post Office Box 15200 Suite, Apt. #, etc.				08272008		Chg-LLC		083 (12/06)	
Suite 900 City & State Daytona Beach, FL		City & State				4. FEI Num	nber		CRZE	Ap	plied For	
Zip 32118	a beach	Country USA	Daytona Beac Zip 32115-5200	Coun US	try		20-41 5. Certifica		atus Desired		\$5.00 Add	
J2110	6 Name	and Address of Current R		05/	- N.		7. Name a	nd Add	iress of New F	Registered		
	V. (10/110)	and realists of candill R	- Serenan Liberit		Name					8,-10,00		
	ITH ATLAN	TIC AVENUE					D. Ho O Box Num breeze		Jr. Not Acceptabl	e)		
DATIONA	A BEAUTI S	HORES, FL 32118			· · ·	ite 9	00					
					City		Beach			FL	Zip Cod-	 .8
8. The above the obligat	named entity tions of registe	submits this statement for ered agent.	the purpose of changing its	registere	ed office o	registert	d ag ent, or I	ooth, in	the State of FI	orida. I am	familiar with,	and accept
SIGNATURE .	Charle	es D. Hood	E		<u> </u>				C	8/28/	08	
	Signature, typeu u	or printed name of registered agent an	nd utle if applicable. (NOTE	. Regis e	d Ageni signat	nte tednited A	vhen reinstating)			DATE		
	E NOW!!! I	FEE IS \$538,75 mber 12, 2008	d utle if applicable. (NOTE	. Registred	d Ageni signat	ure required v	vhen reinstating)			ke check p	nayable to nent of State	e
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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 federal of trustee emocwared to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Charles D. Hood, Ir Manager SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 08/28/08 Date 386-254-6875 Daytime Phone #