

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90029 023 ****50.00

DOCUMENT # L06000019931

1. Entity Name
PALMETTO STOR-N-MORE SELF STORAGE, LLC



Principal Place of Business
**6915 WESTCHESTER CIR.
BRADENTON, FL 34202-2583**

Mailing Address
**6915 WESTCHESTER CIR.
BRADENTON, FL 34202-2583**

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

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number

59-3834973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

DARYL J. BROWN

Street Address (P.O. Box Number is Not Acceptable)

6915 WESTCHESTER CIRCLE

City

BRADENTON

FL

Zip Code

34202

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

Daryl J. Brown
Signature, typed or printed name of registered agent and title if applicable.

DARYL J. BROWN PRES. & mg. member

DATE

3/21/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INTERSTATE BUSINESS CENTERS, INC.
6915 WESTCHESTER CIR.
BRADENTON, FL 342022583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BROWN, DARYL J
6915 WESTCHESTER CIR.
BRADENTON, FL 342022583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BURNS, GUY M TRUSTEE
403 E. MADISON STREET, STE. 400
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Daryl J. Brown
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

3/21/07 941-388-9450