

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2008 08:00 A
Secretary of State

DOCUMENT # L06000020412

1. Entity Name
GANDY - 4TH STREET STORAGE, LLC



Principal Place of Business
**1038 BELCHER ROAD SOUTH
LARGO, FL 33771**

Mailing Address
**1038 BELCHER ROAD SOUTH
LARGO, FL 33771**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0916253	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LYONS, GARY W ESQ
311 SOUTH MISSOURI AVE.
CLEARWATER, FL 33756**

**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)

02/13/08-80022-018 143.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRV
CIARAVINO, ROBERT
1038 BELCHER RD SOUTH
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CIARAVINO, JEROME
1038 BELCHER SOUTH
LARGO, FL 33771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
I WEED, CLAUDIA
1038 BELCHER SOUTH
LARGO, FL 33771**

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 #

1/15/08 727 5326111