

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027971

Entity Name: M.A.E. STORAGE, LLC

FILED  
Feb 10, 2009  
Secretary of State

**Current Principal Place of Business:**

1135 SAN PEDRO AVE.  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

1135 SAN PEDRO AVE.  
CORAL GABLES, FL 33156

**New Mailing Address:**

FEI Number: 20-4507181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MANOUILIDIS, GEORGE  
1135 SAN PEDRO AVE.  
CORAL GABLES, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MANOUILIDIS, GEORGE  
Address: 1135 SAN PEDRO AVE.  
City-St-Zip: CORAL GABLES, FL 33156

Title: MGRM ( ) Delete  
Name: MANOUILIDIS, CYNTHIA  
Address: 1135 SAN PEDRO AVE.  
City-St-Zip: CORAL GABLES, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GORGE MANOUILIDIS

MGRM

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date