

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

05-14-2007 90376 001 ***200.00

DOCUMENT # L06000032940					
1. Entity Name PRO STORAGE-VERONICA LLC					
Principal Place of Business 14706 OSPREY POINT DRIVE FORT MYERS, FL 33908 US			Mailing Address 14706 OSPREY POINT DRIVE FORT MYERS, FL 33908 US		
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	4. FEI Number 20-4598065	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERITAGE TAX & CONSULTING SERVICES, INC. 11220 METRO PKWY SUITE 3 FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		_____		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSTON, ROBERT 14706 OSPREY POINT DR. FORT MYERS, FL 33908 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SUN SPORTS CYCLE AND WATERCRAFT, INC. 14706 OSPREY POINT DR. FORT MYERS, FL 33908 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <i>Robert Johnston</i>			4/30/07 4394331095		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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