

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90057 013 ***138.75

DOCUMENT # L06000037751

1. Entity Name
TOLEDO BLADE SELF STORAGE, LLC



Principal Place of Business
**3073 S HORSESHOE DR
SUITE 118
NAPLES, FL 34104 US**

Mailing Address
**3073 S HORSESHOE DR
SUITE 118
NAPLES, FL 34104 US**

60030788



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-4720448

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITCHIE, RONALD W
5129 CASTELLO DR
SUITE 4
NAPLES, FL 34103**

Name **Donald L. Arnold**
Street Address (P.O. Box Number is Not Acceptable)

3073 S. Horseshoe Drive #118

City **Naples**

FL Zip Code **34104**

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 renouncing)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MRGM** ☐ Delete
NAME **NORTH PORT PARK OF COMMERCE, L.C.**
STREET ADDRESS **3073 S HORSESHOE DR, SUITE 118**
CITY - ST - ZIP **NAPLES, FL 34104**

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #