

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90066 024 \*\*\*138.75

**DOCUMENT # L06000037934**

1. Entity Name

**NORTH 441 STORAGE, LLC**



Principal Place of Business

**4260 NE 35TH STREET  
OCALA FL 34479  
US**

Mailing Address

**4260 NE 35TH STREET  
OCALA FL 34479  
US**



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

**4411 NORTH HWY 441**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**OCALA, FLORIDA**

City & State

Zip

**34475-1523**

Country

**USA**

Zip

Country

4. FEI Number

**AP-PLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**VANDEVEN, HARVEY W  
4260 NE 35TH STREET  
OCALA FL 34479**

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

Signature, typed or printed name of registrant agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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

TITLE ☐ Delete  
NAME **MGRM**  
STREET ADDRESS **VANDEVEN, HARVEY W**  
CITY-ST-ZIP **4260 NE 35TH STREET  
OCALA FL 34479**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **Mike Smith**  
CITY-ST-ZIP **3819 SE 38TH LOOP  
OCALA, FL 34480**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

**4.24.08 (352)236-6700**

Date

Daytime Phone #