2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # L06000074305

1. Entity Name
MILESTONE SELF STORAGE, LLC

Principal Place of Business
4096 HIGHWAY 297A
CANTONMENT, FL 32533

Mailing Address
P.O. BOX 1283
GULF BREEZE, FL 32562

DO NOT WRITE IN THIS SPACE

01052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-5456078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOHANNON, TAMMY
913 GULF BREEZE PARKWAY
#24
GULF BREEZE, FL 32561

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) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOHANNON, TAMMY
STREET ADDRESS	913 GULF BREEZE PARKWAY #24
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	MGRM
NAME	BOHANNON, F L
STREET ADDRESS	913 GULF BREEZE PARKWAY #24
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

L00000776911
01/09/08-80042-022 138.75

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: _____ 1-7-08 850-932-1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #