

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**16 MAY -9 PM 3:35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L06000075420

<sup>1</sup> Limited Liability Company's Name  
**STORAGE US, LLC**

**2. Principal Office Address - No P.O. Box #**  
**1630 S MYRTLE AVE**

Suite, Apt. #, etc.

**City & State**  
**CLEARWATER FL**

**Zip**  
**33756**

**Country**  
**PINELLAS**

**3. Mailing Office Address**  
**1630 S MYRTLE AVE**

Suite, Apt. #, etc.

**City & State**  
**CLEARWATER FL**

**Zip**  
**33756**

**Country**  
**PINELLAS**

CR2E041 (1/14)

**4. State/Country of Formation**  
**FLAGLER**

**5. Date Organized or Qualified To Do Business in Florida** **7/30/2006**

**6. FEI Number**  
**20-5287757**

☐ Applied For  
☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**8. Name and Address of Current Registered Agent**

**Name**  
**DAVID AUDREY P.A.**

**Street Address (P.O. Box Number is Not Acceptable) Suite,**  
**113 S Monroe St**

**Apt. #, Etc.**

**City**  
**Tallahassee**

**State** **Zip Code**  
**FL 32301**

**600285606586**  
**05/09/16--01044--022 \*\*516.25**

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.**

**Signature of Registered Agent**

*David Audrey*

**REGISTERED AGENT MUST SIGN**

**4/27/2106**

**Date**

**10. Names and Street Addresses of Authorized Representatives/Managers**

<b>Titles</b>	<b>Name of Authorized Representatives/Managers</b>	<b>Street Address of Each Authorized Representative/Manager</b>	<b>City / State / Zip</b>
MGMR	Sharper Case & Associates	6565 Americas Pkwy NE #200,	Albuquerque, NM 87110

**11. E-mail Address** **storageusc clearwater@gmail.com**

(To be used for future annual report notifications)

**12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.**

**Signature of authorized representative/member**

*David Audrey*

**Date**

**4/27/16**

**Daytime Phone #**

**727-475-2825**

**Typed or printed name of signing authorized representative/member**

**DE 5/16/16**