## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## **LIMITED LIABILITY COMPANY** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L06000075420 1 Limited Liability Company's Name STORAGE US, LLC

Typed or printed name of signing authorized representative/members

FILED

16 MAY -9 PM 3: 35

SECRETARY OF STATE TALLAHASHIE, FLORIDA

					CR2E041 (1/14)  4. State/Country of Formation FLAGLER			
Suite, Apt. #. etc.		Suite, Apt. #, etc						
,					5 Date Organized or Qualified 7/30/2006			
CITY & State CLEARWATER FL		CITY & State CLEARWATER FL				6. FEI Number Applied For 20-5287757 Not Applied be		
Country PINELLAS	Zip 33756		1	•	7. CERTIFICATE OF S			
8 Name and Addre	ss of Current Regis	tered Ager	rt		-			
Name DAVID AUDREY P.A								
Street Address (P.O. Box Number is Not Acceptable) Suite, 113 S. Monroe St								
Apt #, Etc					600285606586 05/09/1601044022 148 c 25			
City Tallahassee				32301	. 03/03/10 01044 022 ***310,23			
Signature of Registered Agent Daud REGISTERED AGENT MUST SIGN					2/27/2106 Date			
Name of Authorized Representatives/				uthorized Representat		City / State / Zip		
				IE #200,	Albuquerque, NM 87110			
storageusclearwater	@gmail.com							
when filing this reinstatement applicati F.S., and that all fees owed by the limin he same legal effect as if made under ovided for in s. 817 155, F.S.	on the reason for disted liability company oath. I am aware the	ceiver or tru solution ha have been	stee e s beei paid	empowered to execut n eliminated, the limit The information indic on submitted in a doc	e this application as ed liability company lated on this applicat ument to the Departi	name satisfies the requirement ion is true and accurate, and m ment of State constitutes a third	t of section ny signature n degree	
	PRTLE AVE  etc.  ATER FL  Country PINELLAS  8 Name and Addre  IDREY P.A  s (P 0 Box Number is Not Acceptable) So  roce St  and Street Addresses of Authorized Representative Managers  Sharper Case & Asso  Storageusclearwater  Address  Storageusclearwater  sthat I am an authorized representative when filing this reinstatement applications, and that all fees owed by the limit he same legal effect at 155, F.S.	etc.  Suite, Apt. #, etc.  City & State CLEARWA  Country PINELLAS  B Name and Address of Current Regis  DREY P.A  SiPO Box Number is Not Acceptable) Suite.  Proce St  Proce St  Registered agent of the above named limited to appointed the registered agent of the above named limited to appoint and Street Addresses of Authorized Representatives/Managers  Sharper Case & Associates  Storageusclearwater@gmail.com  when fling this reinstatement application the reason for dis S, and that all fees owed by the limited liability company he same legal effect as if made under oath. I am aware the same legal effect as if made under oath.	etc.  Suite, Apt. #, etc  City & State CLEARWATER FL  Country PINELLAS  8 Name and Address of Current Registered Ager  DREY P.A  s (P O Box Number is Not Acceptable) Suite.  TORE St  appointed the registered agent of the above named limited liability company have been he same legal effect as if made under oath. I am an aware that false info ovoided for in s 817 155. F.S.  City & State CLEARWATER FL  Suite, Apt. #, etc  City & State CLEARWATER FL  Sip 33756  8 Name and Address of Current Registered Ager  Registered Ager  Registered Agent Must Sign  Registered Agent Agent Agent Agent Must Sign  Registered Agent Age	etc. Suite, Apt. #, etc  ATER FL CLEARWATER FL  Country PINELLAS 33756 PI  8 Name and Address of Current Registered Agent  DREY P.A.  s (P 0 Box Number is Not Acceptable) Suite, nroe St  Drey P.A.  Agent Dawl Registered agent of the above named limited liability company, a suppointed the registered agent of the above named limited liability company, and Street Addresses of Authorized Representatives/Managers  Name of Authorized Representatives/Managers  Name of Authorized Representatives/Managers  Sharper Case & Associates  Storageusclearwater@gmail.com  (To be used for failure than an authorized representative/manager or the receiver or trustee of the same legal effect as if made under oath. I am aware that false informatic ovoided for in s 817 155, F.S.  A. J.	ATER FL  Country PINELLAS  8 Name and Address of Current Registered Agent  DREY P.A  100 Box Number is Not Acceptable) Suite.  100 Box Number is Not Acceptable Number is Not Acceptable) Suite.  100	etc.  Suite, Apt. #, etc  Suite, Apt. #, etc  Suite, Apt. #, etc  City & State  CLEARWATER FL  CCOUNTRY PINELLAS  S Name and Address of Current Registered Agent  COUNTRY PINELLAS  S Name and Address of Current Registered Agent  COUNTRY PINELLAS  S Name and Address of Current Registered Agent  COUNTRY PINELLAS  Size S S Name and Address of Current Registered Agent  COUNTRY PINELLAS  Size S S Name and Address of Current Registered Agent  COUNTRY PINELLAS  Size S S Name and Address of Current Registered Agent  COUNTRY PINELLAS  Size S S Name of Authorized Registered Agent MUST SIGN  Authorized Representatives/ Manager  Size Address of Each Authorized Representatives/ Manager  Sharper Case & Associates  Storage usclearwater @gmail.com  (To be used for fullure annual report notidications)  that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicates on it is application as when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicates on it is application as when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicates on it is application as when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicates on it is application as when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been paid. The information indicates on it is application as when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have the paid the filing this paper.	### Suite Apt # etc    Suite Apt # etc   Suite Apt # etc   Suite Apt # etc   City & State   CLEARWATER FL   CLEARWATER FL   CLEARWATER FL   Country   PINELLAS   33756   PINELLAS   7 CEPTIFICATE OF STAUS DESIRED	