

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095154

FILED
Jun 22, 2009
Secretary of State

Entity Name: FLORIDA MINI STOR-IT, LLC

Current Principal Place of Business:

5481 NORTH STATE ROAD 7
TAMARAC, FL

New Principal Place of Business:

1547 N. FLORIDA MANGO TD
1-3
W. PALM BEACH, FL 33409

Current Mailing Address:

5481 NORTH STATE ROAD 7
TAMARAC, FL

New Mailing Address:

1547 N. FLORIDA MANGO TD
1-3
W. PALM BEACH, FL 33409

FEI Number: 74-3192224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNDLACH, WILLIAM
2780 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRANADOS, FELIX A
Address: 3131 LAKEVIEW DR
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: GRANADOS, CARLOS
Address: 6449 SE SOUTH MARINA WAY
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: GRANADOS, ROBERTO
Address: 418 S LAKE DR
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT GRANADOS

MGRM

06/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date