FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90254 027 ****90.00
04-28-2008 90026 050 ****55.00

50006724

1st MOORE CR2E083 (10/06)

ANNUAL REPORT (AR)

DOCUMENT # L06000104823

1. Entity Name
THARP & SONS MINI STORAGE, LLC

Principal Place of Business	Mailing Address
2799 GRANTHAM DRIVE CHIPLEY FL 32428	2799 GRANTHAM DRIVE CHIPLEY FL 32428

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THARP, WILLIE W 2799 GRANTHAM DRIVE CHIPLEY FL 32428	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2008

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THARP, WILLIE W 2799 GRANTHAM DRIVE CHIPLEY FL 32428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Willie W Tharp 4/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

6/1/08

Tharp & Sons Mini Storage
2799 Grantham Dr.
Chipley, FL 32428

ATTACHMENT
5000624
#C060001048 23

Dear Sir,

We're sending a 990.00 ck. # 1473, We received paper work back saying we did not pay enough on 4/11/08. Any other problems, please call us at 850-260-5033.

Thanks

Willie Tharp