

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055371

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: SIXTH STREET STORAGE, LLC

**Current Principal Place of Business:**

507 SE 6TH STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 909  
WILLISTON, FL 32696 US

**New Mailing Address:**

16591 NE 51ST STREET  
WILLISTON, FL 32696 US

FEI Number: 26-0229644

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, CAROL D  
16591 NE 51ST STREET  
WILLISTON, FL 32696 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: MGR ( ) Delete  
Name: WILSON, CAROL D  
Address: 16591 NE 51ST STREET  
City-St-Zip: WILLISTON, FL 32696 US

Title: MGR ( ) Delete  
Name: WILSON, TROY G  
Address: 16591 NE 51ST STREET  
City-St-Zip: WILLISTON, FL 32696 US

**ADDITIONS/CHANGES:**

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: CAROL D WILSON

MGR

04/13/2009

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