

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

# FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



<b>DOCUMENT # L07000082816</b> 1. Entity Name <b>D&amp;S SELF STORAGE, LLC</b>			
Principal Place of Business <b>3985 HIGHWAY 90 MARIANNA, FL 32446 US</b>		Mailing Address <b>3985 HIGHWAY 90 MARIANNA, FL 32446 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>4426 Brook Forest Drive</b> Suite, Apt. #, etc. <b>Panama City</b>	
City & State <b>Florida 32404</b>		4. FEI Number <b>26-0708878</b>	
Zip <b>32404</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name <b>Garth D. Bonney, Esquire</b> Street Address (P.O. Box Number is Not Acceptable) <b>436 McKenzie Avenue</b>  City <b>Panama City</b>	
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 <b>Garth D. Bonney</b> <span style="float: right;">8-26-09</span> <small>Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RICHARDSON, STEVE F</b> <b>4426 BROOK FOREST DRIVE</b> <b>PANAMA CITY, FL 32404</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100160030471</b> <b>08/27/09--01045--011 **277.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RICHARDSON, DARLENE M</b> <b>4426 BROOK FOREST DRIVE</b> <b>PANAMA CITY, FL 32404</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<h2 style="font-size: 2em;">REINSTATEMENT 08, 09</h2>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <b>Steve F. Richardson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <b>8-26-09</b> <span style="float: right;">Daytime Phone #: <b>850-867-5603</b></span>	