

LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000051562

1. Entity Name
SOS STORAGE, L.L.C.



FILED

16 MAY 12 PM 1:50

Principal Place of Business
204 E. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33603

Mailing Address
204 E. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33603

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04292016 REIN-LLC CR2E101 (12/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756

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 appointment of the registered agent named above.

SIGNATURE

[Signature]

Signature

REGISTERED AGENT MUST SIGN

Agent signature required when reinstating

DATE

FILE NOW!!! FEE IS \$238.75
After January 1, 2017, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JOHNSON, RICKY D
204 E. DR. MARTIN LUTHER KING JR. BLVD
TAMPA, FL 33603 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500285761195
05/12/16--01022--022 **377.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S. HAWKES
MAY 16 A.M.
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
REINSTATEMENT
2015-2016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
EXAMINER
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Amos Ave 377.50 ☐ 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 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.

SIGNATURE:

[Signature]

Date

Daytime Phone #

813-234-2264

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

E-MAIL ADDRESS