

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000221653

1. Limited Liability Company's Name

**Affordable Secure Self Storage Management, LLC,
A Florida Limited Liability Company**

2. Principal Office Address - No P.O. Box #

16300 Old 41 Road

Suite, Apt. #, etc

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

16300 Old 41 Road

Suite, Apt. #, etc

City & State

Naples, FL

Zip

34110

Country

USA

8. Name and Address of Current Registered Agent

Name

Debra Durrance

Street Address (P.O. Box Number is Not Acceptable) Suite,

5775 W State Road 80

Apt. #, Etc

City

LaBelle

State

FL

Zip Code

33935

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Debra Durrance

REGISTERED AGENT MUST SIGN

Date

2/11/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Timothy Sheehan	34 Main Street	Wenham, MA 01984
MGR	Kelly Sheehan Plaisted	1200 Washington Street, Apt. 315	Boston, MA 02118
MGR	Erik Martin	P.O. Box 1005	Andover, MA 01810

11. E-mail Address **operations@affordablesecureselfstorage.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Erik Martin

Date

2/11/18

Daytime Phone #

978 273 7293

Typed or printed name of signing authorized representative/member

Erik Martin

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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