DOCUMENT # L9800003440									
DOCUMENT # L9800003440 1. Entity Name PUGH FAMILY LIMITED LIABILITY COMPANY						FILED			
FOGH FAMILT LIMITED LIABILITY COMPANY					01 APR 26 PM 5: 51				
Police in a Direct of Dunis and									
Principal Place of Business Mailing Address C/O STORAGE INN OF PENSACOLA C/O STORAGE INN OF PEN 131 NEW MARRIMOTON POAD 132 NEW MARRIMOTON POAD 133 NEW MARRIMOTON POAD				LA		TA L	ECRETARY C LAHASSEE	F STATE	
121 NEW WARRINGTON ROAD PENSACOLA FL 32506 PENSACOLA FL 32506 PENSACOLA FL 32506			IUAU		 				
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	59-3552384		Applied For Not Applicable	
Zip	. Country Zip		Country		5. Certificate of	of Status Desired	□ \$5.00 Fee Requ	Additional uired	
	6. Name and Address of Current F	legistered Agent		Name	7. Name and /	Address of New Reg	istered Agent		
MCARTHUR; DEBORAH ANN					Address (P.O. Box Number is Not Acceptable)				
3888 PARADISE BAY DRIVE GULF BREEZE FL 32561				Street Address ()	P.O. Box Number	is not acceptable)			
GULF BRI	EEZE FL 32301			City				Code	
9. The above assembly authority this statement for the surrous of shanning its res				2000041501024					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the \$15.00 are \$10.00 \\ ******50.00 *****50.00									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
<u>-</u>			FEE IS \$50.00-				- 1 -		
Make Check Paya				o Department of	f State				
9.	MANAGING MEMBE		10.	and Ame		ADDITIONS/C			
TITLE NAME	PUGH, RONALD C	☐ Detete	NAM	MSRAN JAN	nes K	Fugh AII	☐ Chang	ge	
STREET ADDRESS CITY-ST-ZIP	31216 WOODLAND WAY SPANISH FORT AL 36527			ET ADDRESS -ST-ZIP	JACO/A,	F1. 325	7_/	1000 1000 1000 1000 1000 1000 1000 100	
TITLE '	member	☐ Delete	TITLE	MB RM JAC		Pugh	☐ Chang	ge Addition	
NAME STREET ADDRESS	Deborah Mc Arenthum 3888 Porradise Bay Dr.			ET ADDRESS 57/	6 BAY	Forest 1	On.		
CITY-ST-ZIP	Gulf Breeze Fi-	32561	-	-ST-ZIP Ter	13 ACOLA,	F1, 32	52-6	ge 🔲 Addition	
TITLE //	Devan McAeutha Delete			NAME Lee Ann Yugh					
STREET ADDRESS City-St-Zig-`	Could Reserve Fl	32561		ET ADDRESS 113	t Bree	ze. Fl	32561		
1	GRA Laborto	☐ Delete	TITLE	MERM		Duch	☐ Chang	ge 🔲 Addition	
NAME STREET ADDRESS	DORESS 3888 PARALIA BAY DA			ET ADDRESS 1134	Jasua	e Ci			
CITY-ST-ZIP	OLDE 17.2024 F1 5236			-ST-ZIP Gul-	Deec Beec	ze, F1.	32561	ge 🔲 Addition	
NAME MGRATANES & Pugh JR Delete			NAM		n A. Pi	کور اب	☐ Chanç	je 🖸 Addition	
CITY-ST-ZIP Pensacola, FI 32526				ET ADDRESS -ST-ZIP	JAGUA	ne Ci	32561		
TITLEMBRATOYCE A Pugh Delete				Could	BREE	ce, the	☐ Chang	ge 🔲 Addition	
STREET ADDRESS 5716 BAY FOREST Dr.				E Et address					
CITY-ST-ZIP	tensacola, FI	32.52L		-ST-ZIP	etion 110 07/3\/i)	Florido Ctotutos I 6	ush as a satiful that the	- information	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the reactiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daytime Phone #									
	SIGNATURE AND TYPED ON PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	MUEN, OR	TO INCINIZED HEPHESEI	HIATIYE	Date	Daytime Phone) #	