

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000000242

1. Entity Name
STAVOLA "326" SELF STORAGE, LLC



Principal Place of Business
151 NE 95TH STREET
ANTHONY, FL 32617

Mailing Address
P.O BOX 1209
ANTHONY, FL 32617



02212007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3775303

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOUGHTON, WILLIAM W III
151 NE 95TH STREET
ANTHONY, FL 32617

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STAVOLA, WILLIAM H
P.O. BOX 419
KINGSTON, NJ 08528

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

000000667666
03/26/07-80037-016 50.00

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IN THIS SPACE**

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: William H. Stavola William H. Stavola 3/5/07 352-629-9715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #