

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001476

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** STORAGE PROFESSIONALS, LLC

**Current Principal Place of Business:**

235A EAST MARKET STREET  
SMITHFIELD, NC 27577

**New Principal Place of Business:**

225 PEEDIN ROAD  
SMITHFIELD, NC 27577

**Current Mailing Address:**

P.O. BOX 608  
SMITHFIELD, NC 27587

**New Mailing Address:**

P.O. BOX 608  
SMITHFIELD, NC 27577

**FEI Number:** 56-2219930

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LAMPE, JOHN H II  
Address: PO BOX 608  
City-St-Zip: SMITHFIELD, NC 27577

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN H. LAMPE, II

MGR

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date