

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90330 033 ****50.00

DOCUMENT # M02000001595

1. Entity Name

CAPITAL SECURITY STORAGE, LLC



Principal Place of Business

**1430 TENNESSEE CAPITAL BLVD
TALLAHASSEE, FL 32303**

Mailing Address

**6100 NEIL ROAD SUITE 500
RENO, NV 89511**

24040418



04052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

46-0486294

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, RICHARD S IV ESQ

~~2 NORTH TAMiami TRAIL SUITE 500~~ *2033 Main Street*
~~SARASOTA, FL 34236~~ *Suite 600*

Sarasota, FL 34237

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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 restateing)

4/6/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WILLIAMS, DALE A
9198 GREENBACK LANE SUITE 115
ORANGEVALE, CA 95662**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRENNING, LORI
9198 GREENBACK LANE SUITE 115
ORANGEVALE, CA 95662**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Lori Brenning, Manager *4/6/04* *916/989-2800*