

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000002219

**FILED**  
**Jun 26, 2014**  
**Secretary of State**

**Entity Name:** RHODE ISLAND PORTABLE STORAGE, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 328013336

**New Principal Place of Business:**

3240 FLIGHTLINE DR.  
LAKELAND, FL 33811 US

**Current Mailing Address:**

PO BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

3240 FLIGHTLINE DR.  
LAKELAND, FL 33811 US

FEI Number: 20-0803270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCARCELLI, LINDA A  
450 S. ORANGE AVENUE  
ORLANDO, FL 328013336 US

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

GREENE, MICHAEL  
3240 FLIGHTLINE DR.  
LAKELAND, FL 33811 US

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: MICHAEL GREENE

06/26/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: PORTABLE STORAGE MASTER TRUST, LLC  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MICHAEL GREENE

MGM

06/26/2014

Electronic Signature of Authorized Person

Date