

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3/2

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90038 042 \*\*\*\*50.00

**DOCUMENT # M05000000996**

1. Entity Name

SAFE MINI STORAGE OF NINE-MILE ROAD, L.L.C.



Principal Place of Business

8075 MADISON BLVD., #112  
MADISON, AL 35758

Mailing Address

8075 MADISON BLVD., #112  
MADISON, AL 35758

30005341



01102007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2133829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRELAND, LOUIS W  
1809 WEAKEFISH WAY  
PANAMA CITY, FL 32411

**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 registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MGRM  
BRELAND ENTERPRISES DE, L.P.  
222 DELAWARE AVENUE, 10TH FLOOR  
WILMINGTON, DE 19899

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
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 606, Florida Statutes.

**SIGNATURE:**

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

Louis W. Breland

Date

4/16/07

Daytime Phone #

246 461 4155