

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90045 032 ****50.00

DOCUMENT # M06000007085

1. Entity Name

STORAGE PARTNERS OF MIRAMAR, LLC



Principal Place of Business

**3424 PEACHTREE ROAD, N.E. STE 1500
ATLANTA GA 30326**

Mailing Address

**3424 PEACHTREE ROAD, N.E. STE 1500
ATLANTA GA 30326**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1787 Sentry Parkway West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building 16, Suite 400

City & State

City & State

Blue Bell, PA

Zip

Country

Zip

Country

19422

USA

2nd MOORE

CR2E083 (4/07)

4. FEI Number **20-8058206**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-stating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **INDUSTRIAL DEVELOPMENT INTERNATIONAL, INC.**
STREET ADDRESS **3424 PEACHTREE ROAD, N.E. STE 1500**
CITY-ST-ZIP **ATLANTA GA 30326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Bob Esslinger

8/30/07 215 274 2262

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

Date

Daytime Phone #