

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008200

Entity Name: HWY. 29 STORAGE, L.L.C.**Current Principal Place of Business:**3289 HIGHWAY 29 SOUTH
LABELLE, FL 33935**Current Mailing Address:**P.O. BOX 2703
LABELLE, FL 33975**FEI Number:** 20-1221015**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENDRY, JOSEPH MII
606 W. SUGARLAND HIGHWAY
CLEWISTON, FL 33440 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	FINKS, GLENN
Address	479 LIVE OAK LN
City-State-Zip:	LABELLE FL 33935

Title	MGR
Name	FINKS, GERI
Address	479 LIVE OAK LN
City-State-Zip:	LABELLE FL 33935

Title	MGR
Name	HANSHAW, TRACY
Address	1055 FT. THOMPSON AVE
City-State-Zip:	LABELLE FL 33935

Title	MGR
Name	HANSHAW, BONNIE
Address	1055 FT. THOMPSON AVE
City-State-Zip:	LABELLE FL 33935

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE HANSHAW**MANAGER****04/29/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date