2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2025
Secretary of State
8293412421CC

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Entity Name: ST. LUCIE SELF STORAGE, L.L.C.

Current Principal Place of Business:

12375 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

12375 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

FEI Number: 20-3277841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULMAN, NORMAN
7949 LIBERTY WAY
PARKLAND, FL 33067 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: NORMAN SCHULMAN 04/21/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	SCHULMAN, NORMAN
Address	12375 W. SAMPLE ROAD
City-State-Zip:	CORAL SPRINGS FL 33065

Title	MANAGER
Name	ROSADO, LAUREN
Address	12375 W. SAMPLE ROAD
City-State-Zip:	CORAL SPRINGS FL 33065

Title	MANAGER
Name	STEPHANO, RICHARD M
Address	1801 S FEDERAL HWY
City-State-Zip:	BOCA RATON FL 33432

Title	AUTHORIZED MEMBER
Name	NDS RESIDENTIAL INVESTMENTS CO LLC
Address	12375 W. SAMPLE ROAD
City-State-Zip:	CORAL SPRINGS FL 33065

Title	MANAGER
Name	ROSEMURGY, ALEXANDER S II
Address	1801 S FEDERAL HWY
City-State-Zip:	BOCA RATON FL 33432

Title	AUTHORIZED MEMBER
Name	RP PORT ST. LUCIE, LLC
Address	1801 S FEDERAL HWY
City-State-Zip:	BOCA RATON FL 33432

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: NORMAN SCHULMAN MGR 04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date