

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000075947

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
6489 NW 65TH 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

10/06/2021

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 SCHULMAN, 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 SENTRY 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

10/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date