

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000111692

**Entity Name:** STORAGE LINE OF FLORIDA, LLC

**Current Principal Place of Business:**

155 OFFICE PLAZA DR  
A  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 767  
HAYMARKET, VA 20168 US

**FEI Number:** 26-4057673

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC  
155 OFFICE PLAZA DRIVE  
STE A  
TALLAHASSEE, FL 32301 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:** JACLYN WRIGHT, ASST SECRETARY

02/11/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MOUNTAIN, BARRY  
Address PO BOX 767  
City-State-Zip: HAYMARKET VA 20168

*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:** BARRY MOUNTAIN

OWNER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date