

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000094134

Entity Name: ASSURED STORAGE AB LLC

Current Principal Place of Business:

21 NORTON STREET
HONEOYE FALLS, NY 14472

Current Mailing Address:

PO BOX 232
HONEOYE FALLS, NY 14472

FEI Number: 32-0415655

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name FAIRPORT STORAGE, LLC
Address PO BOX 232
City-State-Zip: HONEOYE FALLS NY 14472

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: SUE CAMPIONE

OFFICE MANAGER

03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date