

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000213337

Entity Name: OLD KINGS STORAGE LLC

Current Principal Place of Business:

2 OFFICE PARK DRIVE
SUITE B
PALM COAST, FL 32137

Current Mailing Address:

2 OFFICE PARK DRIVE
SUITE B
PALM COAST, FL 32137

FEI Number: 81-4506777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIVINGSTON & SWORD P.A.
393 PALM COAST PARKWAY SW
UNIT 1
PALM COAST, FL 32137 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 AMBR
Name HADAD, CRAIG
Address 1604 JACKSON SCHOOLHOUSE
ROAD
City-State-Zip: PASCOAG RI 32137

Title AMBR
Name PENA, TIMOTHY
Address 17 CEDARVIEW COURT
City-State-Zip: PALM COAST FL 32137

Title AMBR
Name NIEMINEN, DIANE
Address 17 CEDARVIEW COURT
City-State-Zip: PALM COAST FL 32137

Title AMBR
Name PENA, NICHOLAS
Address 17 CEDARVIEW COURT
City-State-Zip: PALM COAST FL 32137

Title AMBR
Name NIEMINEN, SCOTT
Address 17 CEDARVIEW COURT
City-State-Zip: PALM COAST FL 32137

Title AMBR
Name PIERCE, KIRK I
Address 900 CANOPY WALK LANE, UNIT 914
City-State-Zip: PALM COAST FL 32137

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: SCOTT NIEMINEN

AMBR

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date