2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2024
Secretary of State
2471495292CC

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Entity Name: SOUTHERN SELF STORAGE OF EDGEWATER, LLC

Current Principal Place of Business:

8400 EAST PRENTICE AVENUE
9TH FLOOR
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

8400 EAST PRENTICE AVENUE
9TH FLOOR
GREENWOOD VILLAGE, CO 80111 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	AUTHORIZED PERSON	Title	AUTHORIZED PERSON
Name	NORDHAGEN, ARLEN D.	Name	FISCHER, TAMARA D.
Address	8400 EAST PRENTICE AVENUE 9TH FLOOR	Address	8400 EAST PRENTICE AVENUE 9TH FLOOR
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	AUTHORIZED PERSON	Title	AUTHORIZED PERSON
Name	TOGASHI, BRANDON S.	Name	CRAMER, DAVID G.
Address	8400 EAST PRENTICE AVENUE 9TH FLOOR	Address	8400 EAST PRENTICE AVENUE 9TH FLOOR
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	AUTHORIZED PERSON	Title	AUTHORIZED PERSON
Name	COWEN, WILLIAM S.	Name	KENYON, TIFFANY
Address	8400 EAST PRENTICE AVENUE 9TH FLOOR	Address	8400 EAST PRENTICE AVENUE 9TH FLOOR
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111
Title	AUTHORIZED PERSON		
Name	BERGEON, DEREK		
Address	8400 EAST PRENTICE AVENUE 9TH FLOOR		
City-State-Zip:	GREENWOOD VILLAGE CO 80111		

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: TIFFANY KENYON AUTHORIZED PERSON 01/09/2024

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