

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000202836

**Entity Name:** SBI STORAGE LLC

**Current Principal Place of Business:**

4906 N MANHATTAN AVENUE  
TAMPA, FL 33614

**Current Mailing Address:**

829 BRIDLEPATH LANE  
CHARLOTTE, NC 28211 US

**FEI Number:** 88-2200309

**Certificate of Status Desired:** No

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

FIELDSTONE, RONALD R ESQ.  
701 BRICKELL AVE., 17TH FLOOR  
C/O SAUL EWING ARNSTEIN & LEHR LLP  
MIAMI, FL 33131 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	MGR	Title	MGR
Name	TORNEK, DAVID	Name	BRASEL, SEAN
Address	829 BRIDLEPATH LANE	Address	829 BRIDLEPATH LANE
City-State-Zip:	CHARLOTTE NC 28211	City-State-Zip:	CHARLOTTE NC 28211
Title	MGR		
Name	TRIBOUT, SEBASTIEN		
Address	829 BRIDLEPATH LANE		
City-State-Zip:	CHARLOTTE NC 28211		

*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:** DAVID I. TORNEK

**MANAGER**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date