2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 09, 2024
Secretary of State
0951880582CC

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Entity Name: PERSONAL MINI STORAGE VINE, LLC

Current Principal Place of Business:

8400 E. PRENTICE AVENUE
9TH FLOOR
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

8400 E. 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:

C T CORPORATION SYSTEM
1200 SOUTH 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	MEMBER	Title	AUTHORIZED PERSON
Name	NSA PM HOLDING COMPANY, LLC	Name	FISCHER, TAMARA D
Address	8400 E. PRENTICE AVENUE 9TH FLOOR	Address	8400 E. 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	KENYON, TIFFANY S.	Name	NORDHAGEN, ARLEN D.
Address	8400 E. PRENTICE AVENUE 9TH FLOOR	Address	8400 E. 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	COWAN, WILLIAM S.
Address	8400 E. PRENTICE AVENUE 9TH FLOOR	Address	8400 E. 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	BERGEON, DEREK	Name	CRAMER, DAVID G.
Address	8400 E. PRENTICE AVENUE 9TH FLOOR	Address	8400 E. PRENTICE AVENUE 9TH FLOOR
City-State-Zip:	GREENWOOD VILLAGE CO 80111	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 05/09/2024

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