

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005536

Entity Name: U-HAUL CO. OF FLORIDA 905, LLC

Current Principal Place of Business:

2727 N. CENTRAL AVE.
PHOENIX, AZ 85004

Current Mailing Address:

2721 N. CENTRAL AVE.
PHOENIX, AZ 85004

FEI Number: 20-3484920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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 MGR, PRESIDENT
Name SHOEN, EDWARD J
Address 2727 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Title MGR
Name TAYLOR, JOHN C
Address 2727 N. CENTRAL AVE.
City-State-Zip: PHOENIX AZ 85004

Title MANAGER
Name CRONIN, JENNIFER L
Address 1209 ORANGE STREET
City-State-Zip: WILMINGTON DE 19801

Title TREASURER
Name BERG, JASON A
Address 2727 N CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004

Title SECRETARY
Name DE RESPINO, LAURENCE J
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY
Name WINKELMAN, STEPHEN R
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title ASST. TREASURER
Name BRIDGEMAN, TOBIAS C
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511

Title ASST. TREASURER
Name HARTE, KEVIN J
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511

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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: JOHN C TAYLOR

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name CHADWICK, WESLEY
Address 2727 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004