2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000008558

Entity Name: NORTH MIAMI STORAGE JV, LLC

Current Principal Place of Business:

711 HIGH STREET
DES MOINES, IA 50392

Current Mailing Address:

711 HIGH STREET
DES MOINES, IA 50392 US

FEI Number: 88-2693418

FILED
Feb 03, 2025
Secretary of State
8961306027CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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
Name	KOERSELMAN, TROY A
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	GRAVES, DAVID
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	STUBBS, KEVIN J
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MANAGER
Name	HANOMAN, SUNIL
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MGR, MANAGER
Name	FRITZ, COURTNEY
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MGR
Name	ADAMS, NATHAN G
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MEMBER
Name	USPP NORTH MIAMI STORAGE MEMBER, LLC
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

Title	MANAGER
Name	HIU, BECKY
Address	711 HIGH STREET
City-State-Zip:	DES MOINES IA 50392

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: SHAWNA MURPHY — RE ENTITY ADMINISTRATOR — 02/03/2025

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