

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000000279

**Entity Name:** NORTON SS ASSOCIATES, LLC

**Current Principal Place of Business:**

353 N. CLARK ST., STE. 730  
CHICAGO, IL 60654

**Current Mailing Address:**

1190 BUSINESS CENTER DRIVE  
SUITE 2000  
LAKE MARY, FL 32746 US

**FEI Number:** 86-1311785

**Certificate of Status Desired:** No

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

FLAGSHIP STORAGE ASSOCIATES II, LLC.  
1190 BUSINESS CENTER DRIVE  
SUITE 2000  
LAKE MARY, FL 32746 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:** THEODORE BOLIN

03/21/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                    |                 |                                       |
|-----------------|------------------------------------|-----------------|---------------------------------------|
| Title           | MBR                                | Title           | MBR                                   |
| Name            | FLAGSHIP BV SELF STORAGE JV II LLC | Name            | FLAGSHIP STORAGE ASSOCIATES II, LLC   |
| Address         | 353 N. CLARK ST., STE. 730         | Address         | 1190 BUSINESS CENTER DRIVE SUITE 2000 |
| City-State-Zip: | CHICAGO IL 60654                   | City-State-Zip: | LAKE MARY FL 32746                    |

*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:** THEODORE BOLIN

MGR

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date