

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000013421

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

**Current Principal Place of Business:**

C/O BLUE VISTA CAPITAL MANAGEMENT, LLC  
353 NORTH CLARK STREET, SUITE 730  
CHICAGO, IL 60654

**Current Mailing Address:**

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

**FEI Number:** 87-3055020

**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

02/14/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name FLAGSHIP BV SELF STORAGE JV II, LLC  
Address 353 NORTH CLARK ST., STE. 730  
ATTN: LAURIE SMITH  
City-State-Zip: CHICAGO IL 60654

Title MBR  
Name FLAGSHIP STORAGE ASSOCIATES II, LLC  
Address C/O FLAGSHIP COMPANIES GROUP, LLC  
1190 BUSINESS CENTER DR., STE.  
200 ATTN: THEODORE A. BOLIN  
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

02/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date