

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT #L00000006836

1. Entity Name
BLUE RIDGE CLIMATIZED SELF STORAGE, LLC



Principal Place of Business
1610 SOUTH EIGHTH ST
FERNANDINA BEACH, FL 32034

Mailing Address
1610 SOUTH EIGHTH ST
FERNANDINA BEACH, FL 32034



07092007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3651530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAVID F SR
1610 SOUTH EIGHTH ST
FERNANDINA BEACH, FL 32034

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000768309

07/12/07-80014-015 50.00

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME MILLER, DAVID F JR
STREET ADDRESS 42 MARSH CREEK RD
CITY- ST- ZIP FERNANDINA BEACH, FL 32034

TITLE V
NAME BEAVERS, RICHARD B
STREET ADDRESS 803 GROVESMERE LOOP
CITY- ST- ZIP ORLANDO, FL 34761

TITLE V
NAME HALE, JOHN
STREET ADDRESS P.O. BOX 2372
CITY- ST- ZIP CASHIERS, NC 28717

TITLE ST
NAME MILLER, DAVID F SR
STREET ADDRESS 1610 S EIGHTH STREET
CITY- ST- ZIP FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

David F. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/9/07

Date

(904)277-6727

Daytime Phone #