

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000034514

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** CLIMATIZED DEVELOPMENT BRANNEN FIELD, LLC

**Current Principal Place of Business:**

1610 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

1610 SOUTH 8TH STREET  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 20-2656923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, DAVID F JR ESQ  
1610 SOUTH 8TH ST  
FERNANDINA BEACH, FL 32024 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** AMILIA SERVICE CENTER INC  
**Address:** 1610 SOUTH 8TH STREET  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** MGRM  
**Name:** DF MILLER INVESTMENTS INC  
**Address:** 1610 SOUTH 8TH STREET  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** MGRM  
**Name:** CV MILLER INVESTMENTS INC  
**Address:** 1610 SOUTH 8TH STREET  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** MGRM  
**Name:** CLIMATIZED DEVELOPMENT OCOEE LLC  
**Address:** 1610 SOUTH 8TH STREET  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** DAVID F MILLER

MGRM

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date