

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90045 005 \*\*\*\*50.00

**DOCUMENT # L05000066552**

**1. Entity Name**

CLIMATIZED DEVELOPMENT OCOEE, LLC



**Principal Place of Business**

1610 S. 8TH STREET  
FERNANDINA BEACH, FL 32034

**Mailing Address**

1610 S. 8TH STREET  
FERNANDINA BEACH, FL 32034



03092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

20-3106572

**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 JR.  
1610 S. 8TH STREET  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
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)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGRM  
**NAME** MILLER, DAVID F SR.  
**STREET ADDRESS** 1610 S. 8TH STREET  
**CITY-ST-ZIP** FERNANDINA BEACH, FL 32034

**TITLE** MGRM  
**NAME** MILLER, DAVID F JR.  
**STREET ADDRESS** 1610 S. 8TH STREET  
**CITY-ST-ZIP** FERNANDINA BEACH, FL 32034

**TITLE** MGRM  
**NAME** BEAVERS, RICHARD  
**STREET ADDRESS** 1610 S. 8TH STREET  
**CITY-ST-ZIP** FERNANDINA BEACH, FL 32034

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
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 Jr.*  
DAVID F. MILLER JR.

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

Date

Daytime Phone #

904-277-6727