

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000044200

1. Entity Name

MARVIN E. DIXSON, LLC



Principal Place of Business

**5381 WILLIS ROAD
GREENWOOD FL 32443
US**

Mailing Address

**5381 WILLIS ROAD
GREENWOOD FL 32443
US**



2. Principal Place of Business - No P.O. Box #

Suite, Apt #, etc.

3. Mailing Address

Suite, Apt #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

26-6385439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIXSON, MARVIN E
5381 WILLIS ROAD
GREENWOOD FL 32443**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete
NAME: **DIXSON, MARVIN E**
STREET ADDRESS: **5381 WILLIS ROAD**
CITY-STATE-ZIP: **GREENWOOD FL 32443**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

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STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition
U000000610196
02/02/07-80013-004 50.00

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marvin E. Dixon MARVIN E. DIXSON LLC

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

1-25-07

Date

850-594-3952

Daytime Phone #