

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

APR 13 AM 11:43

DOCUMENT # L03000008611

1. Entity Name
DIXIE LLC



Principal Place of Business
10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32095

Mailing Address
10575 OLD DIXIE HIGHWAY
ST. AUGUSTINE, FL 32095

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004

Chg-LLC

CR2E083 (10/03)

4/13

City & State

City & State

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

SEVERT, PATRICIA K
3304 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32084

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *MM*
NAME *SEVERT, PATRICIA*
STREET ADDRESS *3304 COASTAL HIGHWAY*
CITY-STATE-ZIP *ST. AUGUSTINE, FL 32084*

☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

U00000013642
01/26/04-80061-023 50.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Severt*

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

Date

Daytime Phone #