

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000003540

**Entity Name:** ADLER DIXIE GP LLC**Current Principal Place of Business:**1400 NW 107TH AVE.  
5TH FL  
MIAMI, FL 33172-2704**Current Mailing Address:**1400 NW 107TH AVE.  
5TH FL  
MIAMI, FL 33172-2704**FEI Number:** 65-1000298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITHER, ROBERT M  
1400 NW 107TH AVE  
5TH FL  
MIAMI, FL 33172 US*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**Authorized Person(s) Detail :**

Title	MGMP
Name	ADLER, MICHAEL M
Address	1400 NORTHWEST 107TH AVE.
City-State-Zip:	MIAMI FL 33172-2704

Title	P
Name	ADLER, MICHAEL M
Address	1400 NW 107TH AVE.
City-State-Zip:	MIAMI FL 33172

Title	VP
Name	SMITHER, ROBERT M
Address	1400 NW 107 AVE.
City-State-Zip:	MIAMI FL 33172

Title	S, T
Name	SPANO, TINA M
Address	1400 NW 107TH AVE
City-State-Zip:	MIAMI FL 33172

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT SMITHER

VP

03/24/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date