| | HWY | | | |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|------------------------------|
| DEERFIELD BE | EACH, FL 33064 | | | |
| Current Mai | iling Address: | | | |
| 948 SE 9 A\ POMPANO | /ENUE BEACH, FL 33060 US | | | |
| FEI Number: 83-4290882 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| TRUONG, TON 948 SE 9TH AV | | | | |
| | EACH, FL 33060 US | na its realistered office or realis | tered agent or both in the State of Fil | nrida |
| The above name | d entity submits this statement for the purpose of changin | ng its registered office or regis | tered agent, or both, in the State of Flo | |
| The above name | | ng its registered office or regis | tered agent, or both, in the State of Flo | orida. 02/22/2021 Date |
| The above name SIGNATURE | d entity submits this statement for the purpose of changin E: | ng its registered office or regis | tered agent, or both, in the State of Flo | 02/22/2021 |
| The above name SIGNATURE | ed entity submits this statement for the purpose of changin E: TONY TRUONG Electronic Signature of Registered Agent | ng its registered office or regis | tered agent, or both, in the State of Flo | 02/22/2021 |
| The above name SIGNATURE Authorized | ed entity submits this statement for the purpose of changin E: TONY TRUONG Electronic Signature of Registered Agent Person(s) Detail : | | | 02/22/2021 |
| The above name SIGNATURE Authorized Title | ed entity submits this statement for the purpose of changin E: TONY TRUONG Electronic Signature of Registered Agent Person(s) Detail : MGR | Title | MGR | 02/22/2021 |

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: TONY TRUONG

MANAGER

02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000040329

Entity Name: 5097 N DIXIE LLC

Current Principal Place of Business:

Secretary of State 3048530128CC

FILED Feb 22, 2021

Date