1350 N DIXIE F	ncipal Place of Business: REEWAY BEACH, FL 32168		065147555766
Current Mai	ling Address:		
	GEWOOD AVENUE SUITE 201 NGE, FL 32127		
FEI Number	: 85-3981803		Certificate of Status Desired: No
Name and A	ddress of Current Registered Agent:		
	LAS ANDREW VOOD AVENUE SUITE 201 E, FL 32127 US		
The above name	I entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida.
SIGNATURE	: DOUGLAS ANDREW CLARK		04/12/202
SIGNATURE	Electronic Signature of Registered Agent		04/12/202 Date
	Electronic Signature of Registered Agent	Title	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	Date
Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR		CFO
<b>Authorized</b> Title Name	Electronic Signature of Registered Agent Person(s) Detail : MGR CLARK, DOUGLAS ANDREW 5111 S RIDGEWOOD AVENUE SUITE	Name	Date CFO POLITO, MICHAEL A 5111 S RIDGEWOOD AVENUE SUITE
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR CLARK, DOUGLAS ANDREW 5111 S RIDGEWOOD AVENUE SUITE 201	Name Address	Date CFO POLITO, MICHAEL A 5111 S RIDGEWOOD AVENUE SUITE 201
<b>Authorized</b> Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR CLARK, DOUGLAS ANDREW 5111 S RIDGEWOOD AVENUE SUITE 201 PORT ORANGE FL 32127	Name Address	Date CFO POLITO, MICHAEL A 5111 S RIDGEWOOD AVENUE SUITE 201
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR CLARK, DOUGLAS ANDREW 5111 S RIDGEWOOD AVENUE SUITE 201 PORT ORANGE FL 32127 COO	Name Address	Date CFO POLITO, MICHAEL A 5111 S RIDGEWOOD AVENUE SUITE 201

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000317256

Entity Name: 1350 N DIXIE NSB LLC

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: DOUGLAS ANDREW CLARK

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

FILED Apr 12, 2024

Secretary of State

0651473357CC