

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003118

1. Entity Name
ADLER DIXIE LLC



Principal Place of Business
**1400 NORTHWEST 107TH AVE.
MIAMI, FL 33172-2704**

Mailing Address
**1400 NORTHWEST 107TH AVE.
MIAMI, FL 33172-2704**



02172005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1000295

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVY, JOEL
1400 NORTHWEST 107TH AVE.
MIAMI, FL 33172-2704**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

U00000346895
04/30/05-80093-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PCEO
NAME	ADLER, MICHAEL M
STREET ADDRESS	1400 NORTHWEST 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722704
TITLE	EVAS
NAME	LEVY, JOEL
STREET ADDRESS	1400 NORTHWEST 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722704
TITLE	V
NAME	MARTINEZ, JOSE
STREET ADDRESS	1400 NORTHWEST 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722704
TITLE	ST
NAME	ARRIZURIETA, LUIS
STREET ADDRESS	1400 NORTHWEST 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722704
TITLE	AS
NAME	ADLER, LINDA K
STREET ADDRESS	1400 NORTHWEST 107TH AVE.
CITY-ST-ZIP	MIAMI, FL 331722704
TITLE	MGRM
NAME	ADLER, MICHAEL M
STREET ADDRESS	1400 NW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33172

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

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

**Joel Levy
Executive Vice President**

4/15/05

Date

(305) 392-4050

Daytime Phone #