

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007885	
1. Entity Name MIXON PLAZA, L.L.C.	
Principal Place of Business 745 N BEAL PKWY FORT WALTON BEACH, FL 32548	Mailing Address 93 EAST KATHY LANE FREEPORT, FL 32439



03292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719018	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
MIXON, STEVEN E 93 E KATHY LN FREEPORT, FL 32439	

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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, STEVEN E P.O. BOX 1098 NICEVILLE, FL 325781098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIXON, MICHAEL D P.O. BOX 1098 NICEVILLE, FL 325781098
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steven E. Mixon **STEVEN E. MIXON** 3/29/05 (850)897-7601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #