

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000005941

1. Entity Name
DIXIE CUSTOM AUTOMOTIVE, LLC



Principal Place of Business
**1715 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086**

Mailing Address
**1715 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086**

DO NOT WRITE IN THIS SPACE



07052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
76-0722355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWARTZ, ROBERT D
555 S. FEDERAL HIGHWAY, SUITE 330
BOCA RATON, FL 33432**

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GENOVAR, PHILIP B TRUSTEE
1715 OLD MOULTRIE ROAD
ST. AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JENSEN, SONYA G
320A SR 312
SAINT AUGUSTINE, FL 32086**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000767328
07/06/07-80010-005 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

07/05/07 904-824-2894

Date

Daytime Phone #