


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

9/8/2

09-08-2004 90001 025 ****50.00

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|---|--|--|---|---|--|
| DOCUMENT # L02000016179 1. Entity Name AGDIXIE, LLC | | | |  | |
| Principal Place of Business 291 VICEROY PORT CHARLOTTE, FL 33954 US | | | Mailing Address 291 VICEROY PORT CHARLOTTE, FL 33954 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 44-2150703 APPLIED FOR | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | 08262004 Chg-LLC CR2E083 (10/03) | | |
| 6. Name and Address of Current Registered Agent STEVENS, MATTHEW W 6935 S.W. 71ST AVE. MIAMI, FL 33143 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when relinquishing) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | * Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMAS, JOHN 291 VICEROY PORT CHARLOTTE, FL 33954 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PARKHURST, WILLIAM 15000 WEST HIGHWAY 318 WILISTON, FL 32696 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: <i>Marcellus John Thomas President</i> <i>Sept. 3, 04</i> <i>PH 627-1162</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

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