

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90132 009 ****50.00

DOCUMENT # L03000036587

1. Entity Name
1810 SOUTH DIXIE LIMITED COMPANY



Principal Place of Business
**1084 CARAMBOLA CIRCLE
LAKE CLARKE SHORES, FL**

Mailing Address
**1084 CARAMBOLA CIRCLE
LAKE CLARKE SHORES, FL**

24000817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-0280377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICKMAN, WALLACE W SR
1084 CARAMBOLA CIRCLE
LAKE CLARKE SHORES, FL**

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

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HICKMAN, WALLACE W SR
1084 CARAMBOLA CIRCLE
LAKE CLARKE SHORES, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HICKMAN, HELEN P
1084 CARAMBOLA CIRCLE
LAKE CLARKE SHORES, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Kyle Hickman

1-9-04

832-5583

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

Date

Daytime Phone #