


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 FEB -8 AM 9:07

DOCUMENT # L04000088892

1. Entity Name  
DIXIELAND ENTERPRISES, LLC



Principal Place of Business  
11658 NW 35TH LANE  
GAINESVILLE, FL 32606

Mailing Address  
11658 NW 35TH LANE  
GAINESVILLE, FL 32606

2. Principal Place of Business  
11658 NW 9th Lane

3. Mailing Address  
11658 NW 9th Lane

Suite, Apt. #, etc.



01142006 REIN-LLC CR2E101 (11/05)

City & State  
Gainesville, FL

City & State  
Gainesville, FL

Zip  
32606

Country  
U.S.A.

Zip  
32606

Country  
U.S.A.

4. FEI Number  
26-101786

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, RICHARD L.  
11658 NW 35TH LANE  
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name  
Richard L. Hall

Street Address (P.O. Box Number is Not Acceptable)  
11658 N.W. 9TH Lane

City  
Gainesville FL

Zip Code  
32606

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 R. L. Hall DATE 1/19/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to:  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard L. Hall managing member 11658 NW 9th Lane Gainesville FL 32606 <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	Bonnie H. Mott member 2540 NW 36th Ave Gainesville FL 32605 <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
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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REINSTATEMENT 05-06

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: R. L. Hall Pres. DATE 1/19/06

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