

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094413

FILED  
May 21, 2007  
Secretary of State

Entity Name: DIXON AND HERRING, LLC

**Current Principal Place of Business:**

2030 ALAQUA LAKES BLVD.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2030 ALAQUA LAKES BLVD.  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 20-2224759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: DIXON, DARYL  
Address: 2030 ALAQUA LAKES BLVD.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGR      ( ) Delete  
Name: DIXON, KIMBERLY  
Address: 2030 ALAQUA LAKES BLVD.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARYL A. DIXON

MR.

05/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date