

L05000018401

DOCUMENT # L05000018401	
1. Entity Name DIXIE-SMITH PROPERTIES LLC	



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 AM 10:26



Principal Place of Business P.O. BOX 2307 CROSS CITY, FL 32628 US	Mailing Address P.O. BOX 2307 CROSS CITY, FL 32628 US
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2. Principal Place of Business - No P.O. Box # 307 NE 534 AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Old Town, FL Zip 32680 Country	City & State Zip Country

07052007 REIN-LLC CR2E101 (1/07)

4. FEI Number 33-1111076	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, SHERRY L 307 NE 534 AVE OLD TOWN, FL 32680
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7. Name and Address of New Registered Agent Name Smith, Stuart L. Street Address (P.O. Box Number is Not Acceptable) 307 NE 534 AVE City Old Town FL Zip Code 32680
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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 _____ DATE 7-5-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, STUART L 307 NE 534 AVE OLD TOWN, FL 32680 <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	MGRM SMITH, SHERRY L 307 NE 534 AVE OLD TOWN, FL 32680 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200106345312 07/18/07--01051--006 ***205.00 <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	BLT <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	FF \$100 RF 100 OUS 5 <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	REINSTATEMENT 2006-2007 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stuart L. Smith MGRM 7-5-07 352-578-4289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Stuart chg. add.
to PB add.
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