2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State
05-09-2006 90010 005 ****50.00

DOCUMENT # L05000116410

1. Entity Name
DIXIE-COOL TRUCKING LLC

Principal Place of Business	Mailing Address
11802 HWY 77 SOUTHPORT FL 32409	11802 HWY 77 SOUTHPORT FL 32409

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
		4236 Moss Hill Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Chipley, FL	
Zip	Country	Zip: 32428	Country: USA

4. FEI Number: 76-0806067 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FLORA, LYNN
432 ANNIE LEE BROCK ROAD
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent

Name: Lynn Flora
Street Address (P.O. Box Number is Not Acceptable): 4236 Moss Hill Rd
City: Chipley FL Zip Code: 32428

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] Lynn Flora MGRM — 4-29-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORA, LYNN 432 ANNIE LEE BROCK ROAD SOUTHPORT FL 32409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lynn Flora 4236 Moss Hill Road Chipley, FL 32428	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, KENNETH 432 ANNIE LEE BROCK ROAD SOUTHPORT FL 32409	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kenneth Foster 4236 Moss Hill Road Chipley, FL 32428	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] Lynn Flora MGRM — 4-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #