2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90037 047 ****50.00

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DOCUMENT # L05000116410

1. Entity Name
DIXIE-COOL TRUCKING LLC

Principal Place of Business	Mailing Address
11802 HWY 77 SOUTHPORT, FL 32409	1236 MOSS HILL RD CHIPLEY, FL 32428

04/23/2007 CHG LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2219 Jewel Rd.	2219 Jewel Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alford FL	City & State: Alford FL
Zip: 32420 Country	Zip: 32420 Country

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	7. Name and Address of New Registered Agent
FLORA, LYNN 4236 MOSS HILL RD CHIPLEY, FL 32428	Name: Street Address (P.O. Box Not Acceptable): 2219 Jewel Rd City: Alford FL Zip Code: 32420

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	FLORA, LYNN	
STREET ADDRESS	4236 MOSS HILL RD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE	MGRM	☐ Delete
NAME	FOSTER, KENNETH	
STREET ADDRESS	4236 MOSS HILL RD	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES TO MANAGING MEMBERS/MANAGERS

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	2219 Jewel Rd.	
CITY-ST-ZIP	Alford FL 32420	
TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	2219 Jewel Rd	
CITY-ST-ZIP	Alford, FL 32420	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lynn Flora, Lynn Flora — 4-23-07 — 850 638-5541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #