

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122934

Entity Name: DIXIE SALVAGE, LLC

FILED
Mar 07, 2006
Secretary of State

Current Principal Place of Business:

85 NE SE 5035TH STREET
OLD TOWN, FL 32680

New Principal Place of Business:

21214 SE HWY 19
OLD TOWN, FL 32680

Current Mailing Address:

3229 SW 40TH STREET
BELL, FL 32619

New Mailing Address:

P.O. BOX 1120
OLD TOWN, FL 32680

FEI Number: 87-0758194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, JAMES S
3229 SW 40TH STREET
BELL, FL 32619 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: AMBROSE, JAMES S
Address: 3229 SW 40TH STREET
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: AMBROSE, BAILYA A
Address: 3229 SW 40TH STREET
City-St-Zip: BELL, FL 32619

Title: MGRM () Delete
Name: SANCHEZ, HERMAN H JR.
Address: 479 NE 446TH STREET
City-St-Zip: OLD TOWN, FL 32680

Title: MGRM () Delete
Name: SANCHEZ, VIRGINIA
Address: 479 NE 446TH STREET
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: AMBROSE, GAILYA A
Address: 3229 SW 40TH STREET
City-St-Zip: BELL, FL 32619

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 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: JAMES S. AMBROSE

MGRM

03/07/2006

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