

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000122934

1. Entity Name
DIXIE SALVAGE, LLC



Principal Place of Business
**21214 SE HWY 19
OLD TOWN, FL 32680**

Mailing Address
**P.O. BOX 1120
OLD TOWN, FL 32680**



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0758194

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

U000000578637
01/09/07-80037-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AMBROSE, JAMES S
STREET ADDRESS	3229 SW 40TH STREET
CITY-ST-ZIP	BELL, FL 32619
TITLE	MGRM
NAME	AMBROSE, GAILYA A
STREET ADDRESS	3229 SW 40TH STREET
CITY-ST-ZIP	BELL, FL 32619
TITLE	MGRM
NAME	SANCHEZ, HERMAN H JR.
STREET ADDRESS	479 NE 448TH STREET
CITY-ST-ZIP	OLD TOWN, FL 32680
TITLE	MGRM
NAME	SANCHEZ, VIRGINIA
STREET ADDRESS	479 NE 448TH STREET
CITY-ST-ZIP	OLD TOWN, FL 32680

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: _____

James S. Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/06/07 (352) 448-7060

Date

Daytime Phone #