

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122934

Entity Name: DIXIE SALVAGE, LLC

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

21214 SE HWY 19  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1120  
OLD TOWN, FL 32680

**New Mailing Address:**

FEI Number: 87-0758194

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AMBROSE, JAMES S  
3229 S.W. 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  
Name: AMBROSE, JAMES S  
Address: 3229 SW 40TH STREET  
City-St-Zip: BELL, FL 32619

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

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

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

I hereby 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

02/27/2012

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