

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038753

FILED  
Aug 07, 2007  
Secretary of State

**Entity Name:** DIXIE INSTALLATION & SERVICES LLC

**Current Principal Place of Business:**

4116 LONGFELLOW DRIVE  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

4332 WINDMILL POINT  
PLANT CITY, FL 33567 US

**Current Mailing Address:**

4116 LONGFELLOW DRIVE  
PLANT CITY, FL 33566 US

**New Mailing Address:**

4332 WINDMILL POINT  
PLANT CITY, FL 33567 US

**FEI Number:** 59-4140577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SMITH, CURTIS E  
4116 LONGFELLOW DRIVE  
PLANT CITY, FL 33566 US

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

SMITH, CURTIS E  
4332 WINDMILL POINT  
PLANT CITY, FL 33567 US

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:

08/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH, CURTIS E  
Address: 4116 LONGFELLOW DRIVE  
City-St-Zip: PLANT CITY, FL 33566 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SMITH, CURTIS E  
Address: 4332 WINDMILL POINT  
City-St-Zip: PLANT CITY, FL 33567 US

I hereby certify that the information supplied with this filing does not qualify 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: CURTIS SMITH

MGR

08/07/2007

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