2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# L06000055763

Entity Name: DIXIE KWIK PIK, LLC

Current Principal Place of Business:

16291 SE HWY. 19
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

PO BOX 2636
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 13-4334765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, LISA B
961 NE 446 ST.
OLD TOWN, FL 32680 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: MGR ( ) Delete
Name: FOWLER, LISA B
Address: 961 NE 446 ST.
City-St-Zip: OLD TOWN, FL 32680

Title: MGR ( ) Delete
Name: FOWLER, TOMMY B
Address: 961 NE 446 ST.
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: FOWLER, TOMMY T
Address: 961 NE 446 ST.
City-St-Zip: OLD TOWN, FL 32680

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: LISA B. FOWLER MG 03/21/2009

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