

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000069058

1. Entity Name
1816 DIXIE, LLC



Principal Place of Business
1816 N. DIXIE HIGHWAY, SUITE C-2
FT. LAUDERDALE, FL 33305

Mailing Address
1816 N. DIXIE HIGHWAY, SUITE C-2
FT. LAUDERDALE, FL 33305



03262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5194185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
ATTN: PAMELA J. ANSELMO, ESQ.
3111 STIRLING ROAD
FT. LAUDERDALE, FL 33312

**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)

00000000000000000000

04/16/08 00032 014 138.75

FILE NOW!!! FEE IS \$138.75
-After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OUSLEY, MITCHELL
1816 N. DIXIE HIGHWAY, SUITE C-2
FT. LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WORSHAM, TOM
1816 N. DIXIE HIGHWAY, SUITE C-1
FT. LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
EUROPEAN ENTERPRISES, LLC
1816 N. DIXIE HIGHWAY, SUITE C-5
FT. LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOSOWITZ, MICHAEL
1816 N DIXIE HWY STE C-4
FORT LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Michael Josowitz

Date

954767-6185

Daytime Phone #