

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 06, 2008 8:00 am
Secretary of State

02-06-2008 90120 026 ***150.00

DOCUMENT # L07000022005 1. Entity Name DELTOM DIXIE HIGHWAY L.L.C.					
Principal Place of Business 4868 NE 12TH AVE. OAKLAND PARK, FL 33334			Mailing Address 4868 NE 12TH AVE. OAKLAND PARK, FL 33334		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 14-1991074			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			01112008 Chg-LLC CR2E083 (12/06)		
6. Name and Address of Current Registered Agent WITTE, MELVIN J ESQ 4868 NE 12TH AVE. OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHEGANI, THOMAS A 4868 NE 12TH AVE. OAKLAND PARK, FL 33334	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGT ASRAF M. BHAGANI 4868 NE 12TH AVE OAKLAND PARK, FL 33334	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE			1/23/08 954-738-0028 Date Daytime Phone #		