

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000043729

**Entity Name:** DIXIE HIGHWAY, LLC

**Current Principal Place of Business:**

305 MAGNOLIA STREET,  
NORTH SUITE  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

POST OFFICE BOX 909  
NEW SMYRNA BEACH, FL 32170 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DAVIDSON, JEFF  
305 MAGNOLIA STREET,  
NORTH SUITE  
NEW SMYRNA BEACH, FL 32168 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name SOUTHEAST VOLUSIA HOSPITAL  
DISTRICT  
Address POST OFFICE BOX 909  
City-State-Zip: NEW SMYRNA BEACH FL 32170

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFF DAVIDSON

CFO

01/15/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date