

2014 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

RA

01/27/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date