

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000067105

Entity Name: MASON DIXON, LLC

Current Principal Place of Business:

402 REID AVENUE
PORT ST JOE, FL 32456

Current Mailing Address:

402 REID AVENUE
PORT ST JOE, FL 32456 US

FEI Number: 90-0844366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVAK, KELLEE
402 REID AVENUE
PORT ST JOE, FL 32456 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 MGRM
Name NOVAK, KELLEE
Address 402 REID AVENUE
City-State-Zip: PORT ST JOE FL 32456

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLEE NOVAK

MEM MAN

01/25/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date