

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000188269

**Entity Name:** DIXON INJURY LAW, PLLC

**Current Principal Place of Business:**

495 GRAND BOULEVARD  
SUITE 206  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

P.O. BOX 424  
FREEPORT, FL 32439 US

**FEI Number:** 92-3814301

**Certificate of Status Desired:** No

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

DIXON, CAMERIN J  
495 GRAND BOULEVARD  
SUITE 206  
MIRAMAR BEACH, FL 32550 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:** CAMERIN J. DIXON

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DIXON, CAMERIN J  
Address 495 GRAND BOULEVARD  
SUITE 206  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** CAMERIN DIXON

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date