

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000159924

**Entity Name:** TREXPORATIONS LLC

**Current Principal Place of Business:**

119 WEST MAXWELL ST  
LAKELAND, FL 33803

**Current Mailing Address:**

119 WEST MAXWELL  
LAKELAND, FL 33803 US

**FEI Number:** 47-2060058

**Certificate of Status Desired:** No

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

HOLLAND, EVA-MARIE M  
119 WEST MAXWELL ST  
LAKELAND, FL 33803 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            AMBR  
Name            HOLLAND, EVA-MARIE M  
Address        119 WEST MAXWELL ST  
City-State-Zip: LAKELAND FL 33803

*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:** EVA-MARIE HOLLAND

**OWNER**

**03/26/2016**

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

\_\_\_\_\_ Date