

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000158794

**Entity Name:** TREVETT HOMES, LLC**Current Principal Place of Business:**7545 CENTURION PARKWAY  
SUITE #301  
JACKSONVILLE, FL 32256**Current Mailing Address:**PO BOX 17833  
JACKSONVILLE, FL 32245 US**FEI Number:** 81-4905049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROOT, RICHARD D  
7545 CENTURION PARKWAY  
SUITE #301  
JACKSONVILLE, FL 32256 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:** RICHARD D ROOT**03/27/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY, MANAGER  
Name TREVETT, BRETT M  
Address 1183 EAGLE POINT DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title PRESIDENT, MANAGER  
Name TREVETT, HARRY R  
Address 756 S LOOP PKWY  
City-State-Zip: ST AUGUSTINE FL 32095

Title TREASURER, MANAGER  
Name ROOT, RICHARD D  
Address 91 SAN JUAN DRIVE  
UNIT F5  
City-State-Zip: JACKSONVILLE FL 32082

Title VP  
Name AKIN, BARRY B  
Address 8452 STABLES ROAD  
City-State-Zip: JACKSONVILLE FL 32256

*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:** HARRY TREVETT**MANAGER****03/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date