

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90318 018 ****50.00

DOCUMENT # L01000019532

1. Entity Name
TRAVIS ENTERPRISES, LLC



Principal Place of Business
**9191 BAY PINES BLVD.
ST. PETERSBURG, FL 33708**

Mailing Address
**5000 92ND ST N
SAINT PETERSBURG, FL 33708**

60049004



05022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758031

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRAVIS, CHRISTOPHER
9191 BAY PINES BLVD.
ST. PETERSBURG, FL 33708**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRAVIS, ROYAL
STREET ADDRESS	5000 92ND ST N
CITY-ST-ZIP	ST.PETERSBURG, FL 33708
TITLE	MGR
NAME	TRAVIS, DAVID
STREET ADDRESS	5000 92ND ST N
CITY-ST-ZIP	ST.PETERSBURG, FL 33708
TITLE	MGR
NAME	TRAVIS, ROYAL T
STREET ADDRESS	5000 92ND ST N
CITY-ST-ZIP	ST.PETERSBURG, FL 33708
TITLE	MGR
NAME	TRAVIS, RICHARD
STREET ADDRESS	5000 92ND ST. N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708
TITLE	MGR
NAME	TRAVIS, CHRISTOPHER
STREET ADDRESS	5000 92ND ST
CITY-ST-ZIP	ST.PETERSBURG, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _____

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-07 727 392-8858