

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019532

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** TRAVIS ENTERPRISES, LLC

**Current Principal Place of Business:**

9191 BAY PINES BLVD.  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

5000 92ND ST N  
SAINT PETERSBURG, FL 33708

**New Mailing Address:**

**FEI Number:** 59-3758031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TRAVIS, ROYAL  
**Address:** 5000 92ND ST N  
**City-St-Zip:** ST.PETERSBURG, FL 33708

**Title:** MGR  
**Name:** TRAVIS, DAVID  
**Address:** 5000 92ND ST N  
**City-St-Zip:** ST.PETERSBURG, FL 33708

**Title:** MGR  
**Name:** TRAVIS, ROYAL T  
**Address:** 5000 92ND ST N  
**City-St-Zip:** ST.PETERSBURG, FL 33708

**Title:** MGR  
**Name:** TRAVIS, RICHARD  
**Address:** 5000 92ND ST. N  
**City-St-Zip:** SAINT PETERSBURG, FL 33708

**Title:** MGR  
**Name:** TRAVIS, CHRISTOPHER  
**Address:** 5000 92ND ST  
**City-St-Zip:** ST.PETERSBURG, FL 33708

I hereby certify that the information indicated on this 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.

**SIGNATURE:** CHRISTOPHER TRAVIS

MGR

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date