

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016385

1. Entity Name
TRAVMAR LLC



Principal Place of Business
**10401 RESOTA BEACH RD
SOUTHPORT, FL 32409**

Mailing Address
**10401 RESOTA BEACH RD
SOUTHPORT, FL 32409**



07132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0644930

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAGE, WILLIAM M
10401 RESOTA BEACH RD
SOUTHPORT, FL 32409**

**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 8, 2006**

000000570505
07/17/06-80005-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAGE, WILLIAM M
10401 RESOTA BEACH RD
SOUTHPORT, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAGE, VIOLET A
10401 RESOTA BEACH RD
SOUTHPORT, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PAGE, WILLIAM T
10401 RESOTA BEACH RD
SOUTHPORT, FL 32409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Violet A. Page
Violet A. Page

7/13/06
7/13/06

850-265-4356
850-265-4356

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

Date

Daytime Phone #