

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035415

FILED
Feb 15, 2008
Secretary of State

Entity Name: TRAVESSO, LLC

Current Principal Place of Business:

969 MAPLETON TERRACE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

969 MAPLETON TERRACE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 26-1576227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRADER, JAMES
969 MAPLETON TERRACE
JACKSONVILLE, FL 32207 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 () Delete
Name: SHRADER, JAMES
Address: 969 MAPLETON TERRACE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR () Delete
Name: BROCKDORF, SOREN
Address: 4362 KELNEPA DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGR () Delete
Name: NEBLETT, STEVE
Address: 9020 WINDSOR HILL PASSAGE
City-St-Zip: SUWANNEE, GA 30024 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SGB

MGMB

02/15/2008

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