

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90558 044 *****50.00

DOCUMENT # L99000004797

1. Entity Name

TRAWICK HOLDINGS, LLC



Principal Place of Business

1555 SOUTH BLVD.
CHIPLEY FL 32428

Mailing Address

1311 PINEY GROVE RD
CHIPLEY FL 32428

2. Principal Place of Business

1340 Piney Grove Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Chipley FL

City & State

Zip

32428

Country

Zip

Country

4. FEI Number

59-3590734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAWICK, JAMES L
1340 PINEY GROVE ROAD
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME TRAWICK, JAMES L
STREET ADDRESS 1340 PINEY GROVE RD
CITY-ST-ZIP CHIPLEY FL

TITLE MGR ☐ Delete
NAME TRAWICK, JAMES J
STREET ADDRESS 1693 HWY 277
CITY-ST-ZIP CHIPLEY FL 32428

TITLE MGR ☐ Delete
NAME FLOYD, JENEE T
STREET ADDRESS 1311 PINEY GROVE ROAD
CITY-ST-ZIP CHIPLEY FL 32428

TITLE MGR ☐ Delete
NAME TRAWICK, P. CARLOS
STREET ADDRESS 1839 SWEET BAY RD.
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jenee T Floyd

3.25.04

850.638.9994

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

Date

Daytime Phone #