

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004797

FILED
Mar 16, 2009
Secretary of State

Entity Name: TRAWICK HOLDINGS, LLC

Current Principal Place of Business:

1340 PINEY GROVE RD.
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1311 PINEY GROVE RD
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3590734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAWICK, JAMES L
1340 PINEY GROVE ROAD
CHIPLEY, FL 32428 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: TRAWICK, JAMES L
Address: 1340 PINEY GROVE R D
City-St-Zip: CHIPLEY, FL

Title: MGR () Delete
Name: TRAWICK, JAMES J
Address: 8348 CR 204
City-St-Zip: GRANDVIEW, TX 76050

Title: MGR () Delete
Name: FLOYD, JENEE T
Address: 1311 PINEY GROVE ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: MGR () Delete
Name: TRAWICK, P. CARLOS
Address: 1839 SWEET BAY RD.
City-St-Zip: CHIPLEY, FL 32428

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:

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: JENEE T FLOYD

S/T

03/16/2009

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