

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90573 012 \*\*\*\*50.00

0048164

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3590734**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **TRAWICK, JAMES L**  
STREET ADDRESS **1555 SOUTH BLVD**  
CITY-ST-ZIP **CHIPLEY FL**

TITLE ☒ Change ☐ Addition  
NAME **1340 Piney Grove Road**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

TITLE **MGR** ☒ Delete  
NAME **TRAWICK, DOUGLAS H**  
STREET ADDRESS **1620 CANDY KITCHEN**  
CITY-ST-ZIP **CHIPLEY FL 32428**

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

TITLE **MGR** ☒ Delete  
NAME **TRAWICK, KENNETH W**  
STREET ADDRESS **357 KELLY PLANTATION DRIVE**  
CITY-ST-ZIP **DESTIN FL 32541**

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:

*Jennee T Floyd*  
**SIGNATURE REQUIRED**

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

**1-15-03**

Date

**850.438.9994**

Daytime Phone #

CR2E083 (10/02)