


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M04000001079 1. Entity Name TRANVILLE LLC |  |
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| Principal Place of Business 1111 IMESON PARK BLVD JACKSONVILLE, FL 32218 | Mailing Address 1111 IMESON PARK BLVD JACKSONVILLE, FL 32218 |
|--|--|



03082005 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 54-2135487 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLSON, NATHAN
JACKSONVILLE STATION
1111 IMESON PARK BLVD
JACKSONVILLE, FL 32218

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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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SEATTLE LOGISTICS INC 18850 8TH AVE S #100 SEATTLE, WA 98168 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM J & N LOGISTICS 3687 NE 168TH N. MIAMI, FL 33160 |
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03/14/05-80107-015 50.00

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

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

Date

Daytime Phone #