

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058256

**Entity Name:** TREVANNAH MANAGEMENT COMPANY LLC

**Current Principal Place of Business:**

2019 ABBEY TRACE DRIVE  
DOVER, FL 33527

**Current Mailing Address:**

PO BOX 1875  
VALRICO, FL 33595

**FEI Number:** 27-0281064

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FINAN, PHIL  
2019 ABBEY TRACE DRIVE  
DOVER, FL 33527 US

*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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           FINAN, PHIL  
Address        2019 ABBEY TRACE DRIVE  
City-State-Zip: DOVER FL 33527

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHIL FINAN

**MANAGER**

**01/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date