

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000377569

**Entity Name:** TRAVIS LOXTON, LLC

**Current Principal Place of Business:**

2955 WINDMOOR DR. S.  
PALM HARBOR, FL 34685

**Current Mailing Address:**

2955 WINDMOOR DR. S.  
PALM HARBOR, FL 34685 UN

**FEI Number:** 87-2310772

**Certificate of Status Desired:** No

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

LOXTON, TRAVIS  
2955 WINDMOOR DR. S.  
PALM HARBOR, FL 34685 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 MGR  
Name LOXTON, TRAVIS  
Address 2955 WINDMOOR DR. S.  
City-State-Zip: PALM HARBOR FL 34685

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRAVIS LOXTON

**MANAGER**

**04/14/2024**

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

\_\_\_\_\_  
Date