

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000081520

**Entity Name:** ROBINSON BASEBALL ACADEMY, LLC

**Current Principal Place of Business:**

3990 SE 44TH AVE RD  
SUITES 1, 2, 3  
OCALA, FL 34480

**Current Mailing Address:**

355 HICKORY COURSE LOOP  
OCALA, FL 34472 US

**FEI Number:** 83-4209237

**Certificate of Status Desired:** No

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

ROBINSON, BENNIE L JR.  
3990 SE 44TH AVE RD  
SUITES 1, 2, 3  
OCALA, FL 34480 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 AUTHORIZED MEMBER, PRESIDENT,  
COO

Name ROBINSON, BENNIE LENARD JR.

Address 355 HICKORY COURSE LOOP

City-State-Zip: Ocala FL 34472

Title AUTHORIZED REPRESENTATIVE,  
PRESIDENT, CEO

Name DORN, BRITTANY GRACE

Address 355 HICKORY COURSE LOOP

City-State-Zip: Ocala FL 34472

*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:** BENNIE L. ROBINSON JR

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date