# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012490

1. Entity Name
ROBCO HOLDINGS, L.L.C.

FILED
01 MAY 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 2012 SAWGRASS DRIVE<br>APOPKA FL 32712 | 2012 SAWGRASS DRIVE<br>APOPKA FL 32712 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO Box 1028<br>Suite, Apt. #, etc. |
| City & State | City & State: Apopka, FL |
| Zip / Country | Zip: 32704 / Country: USA |

4. FEI Number: 59-3684393 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ROBINSON, KENNETH<br>2012 SAWGRASS DRIVE<br>APOPKA FL 32712 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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 Department of State**

| 9. MANAGING MEMBERS / MEMBERS | 10. ADDITIONS / CHANGES |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☒ Addition<br>Kenneth Robinson - CHAIRMAN - MGRM<br>2012 Sawgrass Dr<br>Apopka, FL 32712 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☒ Addition<br>Linda Robinson - SEC, TRES, - MGRM<br>2012 Sawgrass Dr<br>Apopka, FL 32712 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☒ Addition<br>Debbie Robinson-White - V.P. - MGRM<br>1378 Dutch Elm Dr<br>Orlando, FL 32714 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☒ Addition<br>Robin Robinson - PRESIDENT - MGRM<br>2134 Marion Dr<br>Apopka, FL 32712 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition<br>400004422684--1<br>-06/15/01--01067--023<br>*****50.00 ~~*****50.00~~ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition |

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:** _____ 4/16/01 407/341-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #