

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022934

**FILED**  
**Jun 06, 2012**  
**Secretary of State**

**Entity Name:** ROBINSON BROTHERS GUIDE SERVICE, LLC

**Current Principal Place of Business:**

44 AVENUE E  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

152 17TH ST.  
APALACHICOLA, FL 32320

**New Mailing Address:**

**FEI Number:** 59-3618886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, THOMAS H JR.  
152 17TH STREET  
APALACHICOLA, FL 323201558 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROBINSON, THOMAS H JR  
**Address:** 152 17TH ST.  
**City-St-Zip:** APALACHICOLA, FL 32320

**Title:** MGRM  
**Name:** ROBINSON, CHRISTOPHER J  
**Address:** 211 AVE. H  
**City-St-Zip:** APALACHICOLA, FL 32320

I hereby certify that the information indicated on this 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.

**SIGNATURE:** THOMAS H. ROBINSON, JR.

MGRM

06/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date