2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 09, 2008 8:00 am
Secretary of State
03-14-2008 90206 003 ***138.75

DOCUMENT # L03000018878

1. Entity Name
ROBIN RENTALS, LLC

Principal Place of Business	Mailing Address
1999 NURSERY ROAD CLEARWATER, FL 33764	1999 NURSERY ROAD CLEARWATER, FL 33764

30003549

01132008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1202468
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRITES, RICHARD R
1999 NURSERY ROAD
CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EDMONDSON, ELLEN MANAGING MEMBER
STREET ADDRESS	1999 NURSERY ROAD
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	RICHARD CRITES (MANAGING MEMBER)
STREET ADDRESS	1999 NURSERY RD
CITY-ST-ZIP	CLEARWATER FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ ELLEN EDMONDSON MANAGING MEMBER 3/4/08 727-531-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #