

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014261

FILED  
Jun 11, 2009  
Secretary of State

**Entity Name:** THE ADAM ROBINSON TEAM, LLC

**Current Principal Place of Business:**

5039 OCEAN BLVD.  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

5039 OCEAN BLVD.  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 20-0766645      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ROBINSON, ADAM  
5039 OCEAN BLVD.  
SARASOTA, FL 34242      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: PRES ( ) Delete  
Name: ROBINSON, ERIC L  
Address: 5039 OCEAN BLVD.  
City-St-Zip: SARASOTA, FL 344242 US

Title: SECR ( ) Delete  
Name: MANVILLE, CAROL  
Address: 1450 DOGWOOD DR  
City-St-Zip: SARASOTA, FL 34232

Title: MGR ( ) Delete  
Name: NORWINE, ROBERT  
Address: 301 JOHN RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CAROL MANVILLE

SECR

06/11/2009

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