

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 24, 2007  
Secretary of State**

DOCUMENT# L05000013805

Entity Name: ROBIN WILSON LLC

**Current Principal Place of Business:**

32233 HOLOPAW TRAIL  
SORRENTO, FL 32776

**New Principal Place of Business:**

**Current Mailing Address:**

32233 HOLOPAW TRAIL  
SORRENTO, FL 32776

**New Mailing Address:**

FEI Number: 35-2247167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILSON, ROBIN J  
32233 HOLOPAW TRAIL  
SORRENTO, FL 32776      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: ROBIN WILSON LLC

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WILSON, ROBIN J  
Address: 32233 HOLOPAW TRAIL  
City-St-Zip: SORRENTO, FL 32776

**ADDITIONS/CHANGES:**

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: ROBIN WILSON

MGR

10/24/2007

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