

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000048342

**FILED**  
**Oct 19, 2011**  
**Secretary of State**

**Entity Name:** ROBINSON RECOVERY TEAM LLC

**Current Principal Place of Business:**

20644 HELEN COURT  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

20644 HELEN COURT  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 65-0094984

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, JOE R JR  
2064 HELEN COURT  
LUTZ, FL 33558 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: JOE R ROBINSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ROBINSON, JOE R PRES  
Address: 20644 HELEN CT  
City-St-Zip: LUTZ, FL 33558

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: JOE R ROBINSON

PRES

10/19/2011

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