

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000092545

1. Entity Name
ROBINSON SOUND, LLC



Principal Place of Business
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

Mailing Address
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092007 REIN-LLC CR2E101 (1/07)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROECKER, PAUL
1275 LAKE HEATHROW LANE
HEATHROW, FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME APOSTOLICAS, GEORGE P
STREET ADDRESS 1275 LAKE HEATHROW LANE
CITY-ST-ZIP HEATHROW, FL 32746

TITLE ☐ Change ☐ Addition
NAME 600111993996
STREET ADDRESS 11/05/07--01027--008 **150.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME ROECKER, PAUL
STREET ADDRESS 1275 LAKE HEATHROW LANE
CITY-ST-ZIP HEATHROW, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MCKEE, DAVID
STREET ADDRESS 1275 LAKE HEATHROW LANE
CITY-ST-ZIP HEATHROW, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

07 NOV 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT