

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023279

Entity Name: ROBINSON UNLIMITED, LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4200 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901

**New Principal Place of Business:**

1802 FOUR MILE COVE PARKWAY  
CAPE CORAL, FL 33990

**Current Mailing Address:**

4200 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901

**New Mailing Address:**

1802 FOUR MILE COVE PARKWAY  
CAPE CORAL, FL 33990

FEI Number: 26-2111595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, SUSAN  
4200 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901 US

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

ROBINSON, SUSAN  
1802 FOUR MILE COVE PARKWAY  
CAPE CORAL, FL 33990 US

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: SUSAN ROBINSON

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROBINSON, ROBERT III  
Address: 1802 FOUR MILE COVE PARKWAY  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGRM  
Name: ROBINSON, SUSAN  
Address: 1802 FOUR MILE COVE PARKWAY  
City-St-Zip: CAPE CORAL, FL 33990

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: SUSAN ROBINSON

MGRM

01/04/2011

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