

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047577

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** ROBIN K WILLIAMS P.A. - C LLC

**Current Principal Place of Business:**

12633 5TH ISLE  
HUDSON, FL 346677915

**New Principal Place of Business:**

12633 5TH ISLE  
HUDSON, FL 34667

**Current Mailing Address:**

12633 5TH ISLE  
HUDSON, FL 346677915

**New Mailing Address:**

12633 5TH ISLE  
HUDSON, FL 34667

**FEI Number:** 26-2643879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, ROBIN K PA C  
12633 5TH ISLE  
HUDSON, FL 346677915 US

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

WILLIAMS, ROBIN K PA C  
12633 5TH ISLE  
HUDSON, FL 34667 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:** ROBIN KAY WILLIAMS

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** WILLIAMS, ROBIN K PA C  
**Address:** 12633 5TH ISLE  
**City-St-Zip:** HUDSON, FL 346677915

**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 KAY WILLIAMS

MGR

03/31/2009

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