

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067362

Entity Name: S & K - ROBINSON, LLC

FILED  
Apr 26, 2009  
Secretary of State

**Current Principal Place of Business:**

7850 NE STATE ROAD 121  
WILLISTON, 32696

**New Principal Place of Business:**

7850 NE STATE ROAD 121  
WILLISTON, FL 32696

**Current Mailing Address:**

7850 NE STATE ROAD 121  
WILLISTON, 32696

**New Mailing Address:**

7850 NE STATE ROAD 121  
WILLISTON, FL 32696

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

ALLEN, KIMBERLEY  
7850 NE STATE ROAD 121  
WILLISTON, FL 32696 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      ALLEN, KIMBERLEY G  
Address:                      7850 NE ST RD 121  
City-St-Zip:                      WILLISTON, FL 32696

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: KIMBERLEY G ALLEN                      MGR                      04/26/2009

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