## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071708

Entity Name: ROBINSON COLLINS, P.L.

**Current Principal Place of Business:** 

1604 STOCKTON STREET JACKSONVILLE. FL 32204

**Current Mailing Address:** 

1604 STOCKTON STREET JACKSONVILLE, FL 32204 US

FEI Number: 45-4419306 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBINSON COLLINS PROPERTIES, LLC 1604 STOCKTON STREET JACKSONVILLE, FL 32204 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: KRISTOPHER D ROBINSON 01/03/2017

Electronic Signature of Registered Agent

Date

FILED Jan 03, 2017

**Secretary of State** 

CC5967916880

Authorized Person(s) Detail:

Title MGR Title AUTHORIZED REPRESENTATIVE

NameROBINSON, KRISTOPHER DNameCOLLINS, F SUSANNAHAddress3955 RIVERSIDE AVENUE, SUITE 350Address1604 STOCKTON STREETCity-State-Zip:JACKSONVILLE FL 32205City-State-Zip:JACKSONVILLE FL 32204

Title SECRETARY

Name PETERSON, CHRISTI L
Address 1604 STOCKTON STREET
City-State-Zip: JACKSONVILLE FL 32204

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTOPHER D ROBINSON

**MANAGER** 

01/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date