

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069211

**Entity Name:** ROBINSON PAINTING SERVICE LLC

**Current Principal Place of Business:**

167 CAROUSEL CIRCLE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

167 CAROUSEL CIRCLE  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 35-2415177

**Certificate of Status Desired:** No

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

ROBINSON, FREDERICK  
167 CAROUSEL CIRCLE  
CRAWFORDVILLE, FL 32327 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO  
Name            ROBINSON, FREDERICK  
Address        167 CAROUSEL CIRCLE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            AUTHORIZED MEMBER  
Name            ROBINSON, JOVAN  
Address        2008 WARICK STREET  
City-State-Zip: TALLAHASSEE FL 32305

Title            SECRETARY, VP  
Name            ROBINSON, SONJI BENIKA  
Address        167 CAROUSEL CIRCLE  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            AMBR  
Name            MAXWELL, JARVIS  
Address        167 CAROUSEL CIRCLE  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** SONJI ROBINSON

**SECRETARY VP**

**04/16/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date