

**2018 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	MANAGER
Name	ROBINSON, JAVON FREDERICK
Address	167 CAROUSEL CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	AUTHORIZED MEMBER
Name	COLEMAN, MACK
Address	3111 PASCO ST.
City-State-Zip:	TALLAHASSEE FL 32310

Title	SECRETARY, VP
Name	ROBINSON, SONJI BENEKIA
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:** FREDERICK ROBINSON

CEO

03/20/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date