## 2021 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

# Name and Address of Current Registered Agent:

ROBINSON, FREDERICK 167 CAROUSEL CIRCLE CRAWFORDVILLE, FL 32327 US Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

|  | Title           | PRESIDENT, CEO                          | Title           | AUTHORIZED MEMBER    |
|--|-----------------|---|-----------------|----------------------|
|  | Name            | ROBINSON, FREDERICK                     | Name            | COLEMAN, MACK        |
|  | Address         | 167 CAROUSEL CIRCLE                     | Address         | 3111 PASCO ST.       |
|  | City-State-Zip: | CRAWFORDVILLE FL 32327                  | City-State-Zip: | TALLAHASSEE FL 32310 |
|  |                 |   |                 |                      |
|  |                 |   |                 |                      |
|  | Title           | SECRETARY, VP                           |                 |                      |
|  | Title<br>Name   | SECRETARY, VP<br>ROBINSON, SONJI BENIKA |                 |                      |
|  |                 |   |                 |                      |
|  | Name            | ROBINSON, SONJI BENIKA                  |                 |                      |

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 D ROBINSON

OWNER

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 20, 2021 Secretary of State 3965265008CC

Date