

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103318

**Entity Name:** ROBINSON ESTATES, LLC

**Current Principal Place of Business:**

20447 ROBINSON ROAD  
DUNNELLON, FL 34431

**Current Mailing Address:**

P.O. BOX 489  
DUNNELLON, FL 34430

**FEI Number:** 59-1397355

**Certificate of Status Desired:** No

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

SMITH, CHARLES J  
9671 S.W. 190TH AVENUE ROAD  
DUNNELLON, FL 34432 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	MGR, P	Title	MGR, S
Name	SMITH, CHARLES J	Name	MCBRIDE, ROBIN S
Address	P.O. BOX 489	Address	943 S.E. 5TH STREET
City-State-Zip:	DUNNELLON FL 34430	City-State-Zip:	OCALA FL 34471
Title	T		
Name	STOUT, JAN S		
Address	9671 S.W. 190TH AVENUE ROAD		
City-State-Zip:	DUNNELLON FL 34432		

*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:** CHARLES J SMITH

**MANAGER**

**03/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date