

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000123311

**Entity Name:** ROBERT SCHONEMAN LLC

**Current Principal Place of Business:**

10074 HART BRANCH CIR  
ORLANDO, FL 32832

**Current Mailing Address:**

10074 HART BRANCH CIR  
ORLANDO, FL 32832 US

**FEI Number:** 47-4660448

**Certificate of Status Desired:** No

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

SCHONEMAN, BOB  
10074 HART BRANCH CIR  
ORLANDO, FL 32832 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                   | Title           | AMBR                  |
| Name            | SCHONEMAN, BOB        | Name            | SCHONEMAN, CRYSTAL    |
| Address         | 10074 HART BRANCH CIR | Address         | 10074 HART BRANCH CIR |
| City-State-Zip: | ORLANDO FL 32832      | City-State-Zip: | ORLANDO FL 32832      |

*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:** BOB SCHONEMAN

**OWNER**

**04/18/2016**

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

\_\_\_\_\_  
Date