



LOUISIANA PUBLIC SERVICE COMMISSION

PO Box 91154; Baton Rouge, LA 70821

(888) 342-5717 or (225) 342-4439

S-36088

**APPLICATION FOR SIMPLE NAME CHANGE
FOR ALL MOTOR CARRIERS****BUSINESS ENTITY- APPLICANT INFORMATION**

Section 1

RECEIVED

JUL 01 2021

FISCAL

LA Public Service Commission

Current Name as listed on the Certificate or Permit: (Including any doing business as "dba" name) <i>Robins Towing</i>		
DBA:		
Business Entity's Authorized Representative: <i>Robert Robin</i>		
The LPSC Certificate and/or Permit number(s) involved in this request is (are):		<i>6675</i>
Business Address: <i>106 Woodrow st.</i>		
City: <i>Lafayette</i>	State: <i>La.</i>	ZIP Code: <i>70506</i>
Mailing Address: <i>106 Woodrow st.</i>		
City: <i>Lafayette</i>	State: <i>La.</i>	ZIP Code: <i>70506</i>
Telephone # (Include Area Code) <i>337-233-9998</i>	Fax # (Include Area Code) <i>337-572-8091</i>	Cell # (Include Area Code) <i>337-591-1680</i>
Email Address: <i>datowman58@yahoo.com</i>		
FEIN #: <i>83-3646779</i>	OR	SS#: <i>434-19-7028</i>
Provide the new name you want on your LPSC certificate: <i>Robin's Towing LLC</i>		
Has there been any change in ownership since the certificate was granted? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES*		
*If you answered yes above you must also complete the proper change of ownership form in addition to this form.		
Provide reasons for the requested name change: <i>was suggested by my tax attorney</i>		

BANKRUPTCY, LEVY AND RECEIVERSHIP INFORMATION

Section 2

(If additional space is needed, attach a separate sheet for each response)

1. Is the certificate holder current with inspection and supervision fee reports and payments with the Louisiana Department of Revenue?

☒ NO
☐ YES

*Copies of the Certificate or Permit Holder's last 4 quarters of Quarterly Inspection & Supervision Reports filed with the LDR along with proof of payments MUST be attached to this application as **Exhibit "A"**.*

2. Is the common carrier certificate or contract carrier permit pledged or otherwise encumbered?

☒ NO
☐ YES*

*If you answered yes to number 2, give the names and addresses of those whose favor the authority is encumbered:

3. Does the Louisiana Department of Revenue and taxation hold a levy against this the common carrier certificate or contract carrier permit?

☒ NO
☐ YES*

*If you answered yes to number 3, attach a copy of the Notice of Levy to this application as an **Exhibit**

4. Are there any other levies against the common carrier certificate or contract carrier permit?

☒ NO
☐ YES*

*If you answered yes to number 4, attach copies of the levies to this application as an **Exhibit** and list the names and addresses of parties holding the levies; the nature of the levies and amount(s) claimed under each levy below.

5. Is the applicant involved in any bankruptcy proceeding?

☒ NO
☐ YES*

*If you answered yes to number 5, attach a copy of the Notice of Bankruptcy to this application as an **Exhibit** and list the name(s) of counsel for the party(s) with an interest in the common carrier certificate or contract carrier permit below:

VERIFICATION

Section 3

STATE OF Louisiana PARISH/COUNTY OF Lafayette

BEFORE ME, the undersigned authority, Robert W. Robin (Applicant as Authorized Representative) who represents Robin's Towing (Business Entity) personally came and appeared, who, after being duly sworn, did depose and say that he/she is the APPLICANT in the above application; that he/she desires a name change in its Common Carrier Certificate or Contract Carrier Permit, he/she represents that the foregoing responses are good, true, and accurate. Applicant acknowledges that should any response be shown to have been either a negligent or intentional misrepresentation of the facts, action taken by the Louisiana Public Service Commission in reliance of the responses contained herein may be declared void ab initio and revocable upon complaint by any interested party or by ex parte motion of the Louisiana Public Service Commission. And understands that the information contained in this application may be shared with the Louisiana Department of Revenue for purposes of Inspection and Supervision Fees.

Applicant's signature reflects an understanding of the consequences attributable to misstatements or misrepresentations of fact.

SWORN TO AND SUBSCRIBED before me this 30th day of June, 2021

Robert W. Robin

PRINTED NAME OF APPLICANT

Robert W. Robin

SIGNATURE OF APPLICANT

E. L. GUIDRY
NOTARY PUBLIC # 46224
LAFAYETTE PARISH • STATE OF LOUISIANA
MY COMMISSION EXPIRES AT DEATH

PRINTED NAME OF NOTARY PUBLIC

E. L. Guidry

SIGNATURE OF NOTARY PUBLIC
(including Notary Number)

E. L. GUIDRY

NOTARY PUBLIC # 46224
LAFAYETTE PARISH • STATE OF LOUISIANA
MY COMMISSION EXPIRES AT DEATH

LPSC OFFICE USE ONLY

Accepted by Staff

Jammy B. [Signature]

Date

7-1-2021

DOCKET #

S-36088

PUBLISHED IN BULLETIN #

1249

ON

7-9-2021

Date



R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

a copy of the Articles of Organization and Initial Report of

ROBINS TOWING LLC

Domiciled at LAFAYETTE, LOUISIANA,

Was filed and recorded in this Office on February 08, 2019,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 8, 2019

Secretary of State

WEB 43352208K



Certificate ID: 11041525#N8E52

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov

R. Kyle Ardoin
SECRETARY OF STATE

State of Louisiana
Secretary of State



February 8, 2019

COMMERCIAL DIVISION
225.925.4704

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

The attached document of ROBINS TOWING LLC was received and filed on February 08, 2019.

WEB 43352208K

STATE OF LOUISIANA
ARTICLES OF ORGANIZATION

(R.S. 12:1301)

1. The name of this limited liability company is:

ROBINS TOWING LLC

2. This company is formed for the purpose of:

ENGAGING IN ANY LAWFUL ACTIVITY FOR WHICH LIMITED LIABILITY COMPANIES
MAY BE FORMED

3. The duration of this limited liability company is: (may be perpetual):

PERPETUAL

4. The company is:

MEMBER-MANAGED

Other provisions:

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the
filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: MORGAN NOBLE (2/7/2019)

TITLE: ORGANIZER

LIMITED LIABILITY COMPANY INITIAL REPORT

(R.S. 12:1305 (E))

The name of this limited liability company is:

ROBINS TOWING LLC

**The location and municipal address (not a P.O. Box only) of this limited liability company's
registered office:**

201 RUE BEAUREGARD STE 202

LAFAYETTE, LA, 70508

Mailing Address:

201 RUE BEAUREGARD STE 202

LAFAYETTE, LA, 70508

**The full name and municipal address (not a P.O. Box only) of each of this limited liability
company's registered agent(s) is/are:**

NORTHWEST REGISTERED AGENT LLC

201 RUE BEAUREGARD, STE. 202

LAFAYETTE, LA, 70508

The name and municipal address (not a P.O. Box only) of the managers or members:

ROBERT ROBIN (MEMBER)

201 RUE BEAUREGARD STE 202

LAFAYETTE, LA, 70508

**The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the
filer to fine or imprisonment or both under R.S. 14:133.**

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM THE ORGANIZER.

ELECTRONIC SIGNATURE: MORGAN NOBLE (2/7/2019)

TITLE: ORGANIZER

SECRETARY OF STATE



Agent Affidavit and Acknowledgement of Acceptance

Charter Number: 43352208K

Charter Name: ROBINS TOWING LLC

The agent / agents listed below accept the appointment of registered agent for and on behalf of the Charter Name above.

Date Responded	Agent(s)	Agent(s) Electronic Signature
02/08/2019	NORTHWEST REGISTERED AGENT LLC	TOM GLOVER