

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002767

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** ROBERTS & ROBERTS MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

1969 S ALAFAYA TRAIL  
SUITE 133  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

1969 S ALAFAYA TRAIL  
SUITE 133  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 87-0720853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, SAMUEL J  
1969 S ALAFAYA TRAIL  
SUITE 133  
ORLANDO, FL 32828 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: ROBERTS, SAMUEL J  
Address: 1969 S ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32828

Title: MRS  
Name: ROBERTS, GUENET  
Address: 1969 S ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32828

Title: MS.  
Name: ROBERTS, ALEIA U  
Address: 1969 S ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32828

Title: MR.  
Name: ROBERTS, KADEEM J  
Address: 1969 S ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SAMUEL ROBERTS

MR.

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date