

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002767

Entity Name: ROBERTS & ROBERTS MANAGEMENT SERVICES LLC

FILED
Mar 18, 2020
Secretary of State
7972074552CC

Current Principal Place of Business:

1969 S ALAFAYA TRAIL
SUITE 133
ORLANDO, FL 32828

Current Mailing Address:

1969 S ALAFAYA TRAIL
SUITE 133
ORLANDO, FL 32828

FEI Number: 87-0720853

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

03/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CFO	Title	COO
Name	ROBERTS, SAMUEL J	Name	ROBERTS, GUENET
Address	1969 S. ALAFAYA TRAIL 133	Address	1969 S ALAFAYA TRAIL SUITE 133
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828
Title	OTHER	Title	OTHER
Name	SAMUEL ROBERTS	Name	SAMUEL J. ROBERTS
Address	1969 S ALAFAYA TRAIL SUITE 133	Address	1969 S ALAFAYA TRAIL SUITE 133
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828
Title	CO-TRUSTEE	Title	TRUSTEE
Name	GUENET ROBERTS	Name	GUENET ROBERTS
Address	1969 S ALAFAYA TRAIL SUITE 133	Address	1969 S ALAFAYA TRAIL SUITE 133
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828
Title	TRUSTEE		
Name	SAMUEL ROBERTS		
Address	1969 S ALAFAYA TRAIL SUITE 133		
City-State-Zip:	ORLANDO FL 32828		

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: SAMUEL ROBERTS

CFO

03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date