

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002767

Entity Name: ROBERTS & ROBERTS MANAGEMENT SERVICES LLC**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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	CFO
Name	ROBERTS, SAMUEL J
Address	1969 S. ALAFAYA TRAIL 133
City-State-Zip:	ORLANDO FL 32828

Title	COO
Name	ROBERTS, GUENET
Address	1969 S ALAFAYA TRAIL SUITE 133
City-State-Zip:	ORLANDO FL 32828

Title	OTHER
Name	ROBERTS, ALEIA U
Address	1969 S ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32828

Title	OTHER
Name	ROBERTS, KADEEM J
Address	1969 S ALAFAYA TRAIL
City-State-Zip:	ORLANDO FL 32828

Title	TRUSTEE
Name	DECASTRO, MARY B
Address	1969 S ALAFAYA TRAIL SUITE 133
City-State-Zip:	ORLANDO FL 32828

Title	TRUSTEE
Name	FRASER-GITTENS, MARGARET
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 J. ROBERTS

CFO/CEO

04/19/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date