


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90019 023 ****50.00

DOCUMENT # L00000005656	
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1. Entity Name
ROBERTS FAMILY, L.L.C.

Principal Place of Business
HIGHWAY 20
HOSFORD, FL 32333

Mailing Address
HIGHWAY 20
HOSFORD, FL 32333

2. Principal Place of Business
22574 N.E. SR 20

3. Mailing Address
P. O. Box 188

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hosford, Florida

City & State
Hosford, Florida

Zip
32334

Country
Liberty

Zip
32334

Country
Liberty

04112005 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3661954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, W. CRIT
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERTS, CHARLES W III
HIGHWAY 20
HOSFORD, FL 32333 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERTS, GEORGE
HIGHWAY 20
HOSFORD, FL 32333 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Charles W. Roberts, III* Charles W. Roberts, III

4/12/05

850-379-8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #