

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000005656

Entity Name: ROBERTS FAMILY, L.L.C.

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3372 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16279  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 59-3661954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, W. CRIT  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32308 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: MGRM  
Name: ROBERTS, CHARLES W III  
Address: 15674 HALES PLACE PLANTATION RD  
City-St-Zip: TALLAHASSEE, FL 32312

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: CHARLES W. ROBERTS, III

MGRM

04/06/2011

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