

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050050

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ROBERTS INSURANCE GROUP, L.L.C.

**Current Principal Place of Business:**

211 NOKOMIS AVENUE SOUTH  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

211 NOKOMIS AVENUE SOUTH  
VENICE, FL 34285

**New Mailing Address:**

**FEI Number:** 20-1348021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, WAYNE A  
211 NOKOMIS AVENUE SOUTH  
VENICE, FL 34285 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, WAYNE A  
**Address:** 211 NOKOMIS AVENUE SOUTH  
**City-St-Zip:** VENICE, FL 34285

**Title:** VP  
**Name:** ROBERTS, BLAKE A  
**Address:** 750 EAGLE PT DR  
**City-St-Zip:** VENICE, FL 34285

**Title:** S  
**Name:** ROBERTS, KAREN H  
**Address:** 750 EAGLE PT DR  
**City-St-Zip:** VENICE, FL 34285

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:** WAYNE A ROBERTS

MGRM

02/16/2010

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