

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000072306

Entity Name: ROBERT J. SLAMA, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
STE. 2504  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6817 SOUTHPOINT PARKWAY  
STE. 2504  
JACKSONVILLE, FL 32216

**New Mailing Address:**

FEI Number: 59-3541862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SLAMA, ROBERT J  
6817 SOUTHPOINT PARKWAY  
STE. 2504  
JACKSONVILLE, FL 32216 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: SLAMA, ROBERT J  
Address: 6817 SOUTHPOINT PARKWAY STE. 2504  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM  
Name: SLAMA, KATHLEEN P  
Address: 6817 SOUTHPOINT PARKWAY STE. 2504  
City-St-Zip: JACKSONVILLE, FL 32216

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: ROBERT J SLAMA PA

MM

04/28/2011

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