

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000019893**

1. Entity Name

ROBERTSON & ROBERTSON, LLC



Principal Place of Business

3057 KNOTTY PINE DRIVE  
PENSACOLA, FL 32505

Mailing Address

PO BOX 7548  
PENSACOLA, FL 32534



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2455666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTSON, WILSON B  
3057 KNOTTY PINE DRIVE  
PENSACOLA, FL 32505

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, ANN C 3057 KNOTTY PINE DRIVE PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, WILSON B 3057 KNOTTY PINE DRIVE PENSACOLA, FL 32505
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000000780438  
01/14/08-80022-007 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Wilson B Robertson*

1-9-08

850-476-7986