

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90124 047 \*\*\*\*\*50.00

DOCUMENT # L05000033197

1. Entity Name

ROBERTS INSTALLATIONS, LLC



Principal Place of Business

802 S. 8TH ST.  
FERNANDINA BEACH FL 32034  
US

Mailing Address

802 S. 8TH ST.  
FERNANDINA BEACH FL 32034  
US

60



2. Principal Place of Business - No P.O. Box #

802 S. 8th St.

3. Mailing Address

802 S 8th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

FERNANDINA BEACH, FLA.

City & State

FERNANDINA BEACH, FLA.

4. FEI Number

20-2893230

Applied For

Not Applicable

Zip

Country

32034

U.S.A.

Zip

Country

32034

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMASSETTI, ARMOND J ESQ.  
406 ASH ST.  
FERNANDINA BEACH FL 32034

Name

SAME / TOMASSETTI, ARMOND J. ESQ.

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

406 ASH ST.

City

FERNANDINA BEACH

FL

Zip Code

32034

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

*James Robert Hicks*

2/19/07

Signature, typed or printed name of registered agent or individual

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
MGRM  
HICKS, JAMES R JR.  
STREET ADDRESS ~~600 S. 8TH ST.~~ 802 S. 8th St.  
CITY ST ZIP  
FERNANDINA BEACH FL 32034

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*James R. Hicks*

3-21-07

912-674-4243

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

Date

Daytime Phone #