

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107548

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ROBERTS INSURANCE OF PORT RICHEY, LLC

**Current Principal Place of Business:**

10608 DEVCO DRIVE  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

10608 DEVCO DRIVE  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 36-4618659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CALECA, TRACY A  
1372 PINE RIDGE CIRCLE EAST UNIT F1  
TARPON SPRINGS, FL 34688 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 ( ) Delete  
Name: SHANE ROBERTS, CHRISTOPHER  
Address: 10608 DEVCO DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM ( ) Delete  
Name: CALECA, TRACY A  
Address: 10608 DEVCO DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** TRACY A CALECA

MGRM

04/30/2009

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