

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107548

**FILED**  
**May 01, 2011**  
**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:**

CALECA, TRACY A  
10608 DEVCO DR  
PORT RICHEY, FL 34668 US

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:** TRACY CALECA

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ROBERTS, CHRISTOPHER S  
**Address:** 10608 DEVCO DRIVE  
**City-St-Zip:** PORT RICHEY, FL 34668

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

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:** TRACY CALECA

OWNE

05/01/2011

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