

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000179031

**Entity Name:** LARISA S. ROBERTS, LLC

**Current Principal Place of Business:**

1523 EL PARDO DRIVE  
TRINITY, 34655

**Current Mailing Address:**

1523 EL PARDO DRIVE  
TRINITY, 34655 UN

**FEI Number:** 47-5464158

**Certificate of Status Desired:** No

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

ROBERTS, DANIEL  
1523 EL PARDO DRIVE  
TRINITY, FL 34655 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROBERTS, LARISA  
Address 1523 EL PARDO DRIVE  
City-State-Zip: TRINITY 34655

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARISA ROBERTS

**MANAGING MEMBER**

**05/01/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date