

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000070056

**Entity Name:** WILLIAM A. ROBERTS LLC

**Current Principal Place of Business:**

9029 SEMINOLE BLVD.  
UNIT 132  
SEMINOLE, FL 33772

**Current Mailing Address:**

9029 SEMINOLE BLVD.  
UNIT 132  
SEMINOLE, FL 33772 US

**FEI Number:** 86-2179845

**Certificate of Status Desired:** No

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

PEAK REPUTATION, INC.  
19369 US HWY 19 N  
409  
CLEARWATER, FL 33764 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	AMBR	Title	AMBR
Name	ROBERTS, WILLIAM ALEXANDER III	Name	KAPLAN, JODI
Address	9029 SEMINOLE BLVD. UNIT 132	Address	19369 US HWY 19 N 409
City-State-Zip:	SEMINOLE FL 33772	City-State-Zip:	CLEARWATER FL 33764

*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:** WILLIAM A ROBERTS

**MEMBER**

**04/26/2023**

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

\_\_\_\_\_  
Date