

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078493

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ST. LUCIE CREMATORY, LLC

**Current Principal Place of Business:**

1101 S US HIGHWAY 1  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

1101 S US HIGHWAY 1  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 26-0630904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRECHBILL, MARK CPA  
215 S FEDERAL HWY  
SUITE 100  
STUART, FL 34994 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: MGR ( ) Delete  
Name: CONWAY, THOMAS G SR  
Address: 1101 S US HIGHWAY 1  
City-St-Zip: FORT PIERCE, FL 34950

**ADDITIONS/CHANGES:**

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: THOMAS G. CONWAY, SR.

MGR

04/14/2009

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