

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101191

FILED
Apr 08, 2009
Secretary of State

Entity Name: DIGNITARY SERVICES LLC

Current Principal Place of Business:

86 W. PALM AVENUE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

3395 PONY RUN
WELLINGTON, FL 33449

New Mailing Address:

FEI Number: 26-1251380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCUAIG, DONALD E
3395 PONY RUN
WELLINGTON, FL 33449 US

Name and Address of New Registered Agent:

MCCUAIG, DONALD P
3395 PONY RUN
WELLINGTON, FL 33449 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: DPM

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCUAIG, ALICIA C
Address: 3395 PONY RUN
City-St-Zip: WELLINGTON, FL 33449

Title: MGR () Delete
Name: MCCUAIG, DONALD E
Address: 3395 PONY RUN
City-St-Zip: WELLINGTON, FL 33449

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MCCUAIG, DONALD P
Address: 3395 PONY RUN
City-St-Zip: WELLINGTON, FL 33449

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: DEM

MGR

04/08/2009

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