

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025062

**Entity Name:** OKEECHOBEE CREMATORY, LLC

**Current Principal Place of Business:**

110 NE 5TH ST.  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

110 NE 5TH ST.  
OKEECHOBEE, FL 34972 US

**FEI Number:** 04-3768778

**Certificate of Status Desired:** No

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

BRECHBILL, MARK CPA  
215 S FEDERAL HWY.  
SUITE 200  
STUART, FL 34994 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 MGR  
Name OKEECHOBEE FUNERAL HOME, LLC  
Address 110 NE 5TH ST.  
City-State-Zip: OKEECHOBEE FL 34972

*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:** OKEECHOBEE FUNERAL HOME, LLC

**MANAGER**

**04/28/2014**

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

\_\_\_\_\_ Date