# 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.

PRESIDENT

SIGNATURE: DENNIS A. BRIDGES

Electronic Signature of Signing Authorized Person(s) Detail

14226 SW 152ND TERRACE MIAMI. FL 33177

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: GRACELAND FUNERAL HOME & CERMATION SERVICES, LLC

## **Current Mailing Address:**

DOCUMENT# L13000093841

ATTN: G. ARRANTS P O BOX 629 KNOXVILLE, TN 37901-0629 US

**Current Principal Place of Business:** 

### FEI Number: 46-3158485

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

CABALLERO, FELIPE 14226 SW 152ND TERRACE MIAMI, FL 33177 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

#### Authorized Person(s) Detail :

Title MGRM Name BRIDGES, DENNIS A Address 5430 RUTLEDGE PIKE City-State-Zip: KNOXVILLE TN 37934

Certificate of Status Desired: No

02/10/2017 Date

# FILED Feb 10, 2017 Secretary of State CC2513126242

Date