

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000054824

Entity Name: BELL'S FUNERAL SERVICES, LLC**Current Principal Place of Business:**1826 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33019**Current Mailing Address:**1826 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33019**FEI Number:** 47-4272328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELL, MIKARA E
3750 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319 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:** MIKARA BELL

03/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-----------------------------|
| Title | AMBR |
| Name | BELL, ELIJAH |
| Address | 1826 NORTH UNIVERSITY DRIVE |
| City-State-Zip: | PEMBROKE PINES FL 33019 |

| | |
|-----------------|-----------------------------|
| Title | MANAGER |
| Name | ELIJAH BELL |
| Address | 1826 NORTH UNIVERSITY DRIVE |
| City-State-Zip: | PEMBROKE PINES FL 33019 |

| | |
|-----------------|-----------------------------|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | BELL, MIKARA |
| Address | 1826 NORTH UNIVERSITY DRIVE |
| City-State-Zip: | PEMBROKE PINES FL 33024 |

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: MIKARA BELL

OWNER

03/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date