

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000018933

**Entity Name:** CREMATION CARE PROVIDERS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1310 NORTH MAIN STREET  
STE 102  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1717 OLD BOGGY CREEK ROAD  
KISSIMMEE, FL 34744 US

**FEI Number:** 81-5151377

**Certificate of Status Desired:** No

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

GY CORPORATE SERVICES INC.  
777 S. FLAGLER DR.  
STE 500E  
WEST PALM BEACH, FL 33401 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:** JOY FLEDELIUS

**04/30/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RUSSELL, ROBERT D  
Address 1717 OLD BOGGY CREEK ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title MGR  
Name RUSSELL, MICHAEL K  
Address 1717 OLD BOGGY CREEK ROAD  
City-State-Zip: KISSIMMEE FL 34744

Title MGR  
Name ROBERTS, TERRY  
Address 1717 OLD BOGGY CREEK ROAD  
City-State-Zip: KISSIMMEE FL 34744

*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:** JOY FLEDELIUS F/B/O ROBERT RUSSELL

**AUTHORIZED PERSON**

**04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date