

2018 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:

ROBERTS, TERRY LEE
1717 OLD BOGGY CREEK ROAD
KISSIMMEE, FL 34744 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: TERRY LEE ROBERTS

03/06/2018

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: TERRY LEE ROBERTS

03/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date