

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002816

FILED
Mar 30, 2009
Secretary of State

Entity Name: WILLIAMS FUNERAL HOME OF GRACEVILLE, L.L.C.

Current Principal Place of Business:

5283 BROWN STREET
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

PO BOX 337
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-3704432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, FRANK A
4431 LAFAYETTE STREET
MARIANNA, FL 32446 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, THOMAS WADE
Address: 5283 BROWN STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: MGR () Delete
Name: WILLIAMS, JOAN
Address: 5283 BROWN STREET
City-St-Zip: GRACEVILLE, FL 32440

Title: MGR () Delete
Name: BAKER, FRANK A
Address: 4431 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32440

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FRANK A. BAKER

MGR

03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date