

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002816

**FILED**  
**Mar 30, 2010**  
**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  
Name: WILLIAMS, THOMAS WADE  
Address: 5283 BROWN STREET  
City-St-Zip: GRACEVILLE, FL 32440

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

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

I hereby 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

03/30/2010

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