

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004137

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** KOTRADY HUDGINS FUNERAL SERVICES, LLC.

**Current Principal Place of Business:**

209 S PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

209 S PONCE DE LEON BLVD  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 59-3711365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALLETTA, JOHN JR ESQ  
4100 A1A SOUTH  
ST AUGUSTINE, FL 32080 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: MGRM ( ) Delete  
Name: KOTRADY, GEORGE  
Address: 209 S PONCE DE LEON BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: HUDGINS, RANDY  
Address: 209 S PONCE DE LEON BLVD  
City-St-Zip: SAINT AUGUSTINE, FL 32084

**ADDITIONS/CHANGES:**

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 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: GEORGE KOTRADY

MGRM

04/10/2006

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