


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90050 029 ****50.00

DOCUMENT # L01000015776					
1. Entity Name BRANT FUNERAL SERVICES, L.L.C.					
Principal Place of Business 404 WEST PALMETTO STREET WAUCHULA, FL 33873			Mailing Address PO BOX 1414 WAUCHULA, FL 33873		
2. Principal Place of Business		3. Mailing Address 404 West Palmetto Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Wauchula, Florida		4. FEI Number 65-1138244	
Zip		Country		Zip 33873	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BRANT, TROY A 504 EAST ORANGE STREET WAUCHULA, FL 33873			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANT, TROY A 504 E. ORANGE STREET WAUCHULA, FL 33873	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Troy A. Brant</u> 8-23-2006 888-773-9457					
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					