

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90111 017 ****50.00

DOCUMENT # L02000004141

1. Entity Name

GUERRY FUNERAL HOME OF LAKE CITY, LLC



Principal Place of Business

4309 SOUTH 1ST STREET
LAKE CITY FL 32025

Mailing Address

PO BOX 2409
LAKE CITY FL 32056-2409

2. Principal Place of Business

2659 S.W. Main Blvd.

Suite, Apt. #, etc.

3. Mailing Address

2659 S.W. Main Blvd.

Suite, Apt. #, etc.

City & State

Lake City

City & State

Lake City

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

4. FEI Number

04-3642631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRY, WILLIAM
420 EAST MACCLENNEY AVENUE
MACCLENNEY FL 32063

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GUERRY, WILLIAM	
STREET ADDRESS	420 EAST MACCLENNEY AVENUE	
CITY-ST-ZIP	MACCLENNEY FL 32063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

ADDITIONS / CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9764 S.W. Tustenuggee Ave	
CITY-ST-ZIP	Lake City, Fla. 32024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William L. Guerry - William L. Guerry 2/13/06 386-742-2414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #