

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90058 001 \*\*\*100.00

**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

**420 EAST MACCLENNEY AVENUE  
MACCLENNEY FL 32063**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**P.O. Box 2409**

**Lake City, Florida**

**32066-2409**

**U.S.A.**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**04-3648631**

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

*William A. Guerry*  
Signature of, typed or printed name of registered agent and title if applicable.

*4/2/03*  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **GUERRY, WILLIAM**  
STREET ADDRESS **420 EAST MACCLENNEY AVENUE**  
CITY-ST-ZIP **MACCLENNEY FL 32063**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Guerry*  
SIGNATURE AND TYPED OR PRINTED NAME OF BORROWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/2/03*  
Date

*386-752-2444*  
Daytime Phone #

CF2E083 (10/02)