

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000007702 1. Entity Name ROBARTS FUNERAL SERVICE, L.L.C.					
Principal Place of Business PO BOX 519 WAUCHULA, FL 33873			Mailing Address PO BOX 519 WAUCHULA, FL 33873		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02272008 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 05-0557937	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR 22 SOUTH LINKS AVENUE STE. 300 SARASOTA, FL 34238				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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBARTS, DENNIS 529 WEST MAIN STREET PO BOX 519 WAUCHULA, FL 33873	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBARTS, DEBORAH J 529 WEST MAIN STREET PO BOX 519 WAUCHULA, FL 33873	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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>Dennis Roberts</u> Dennis Roberts 4/26/06 (863) 773-9775					