

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90125 042 \*\*\*\*50.00

**DOCUMENT # L03000011478**

1. Entity Name  
**ROBERTS FUNERAL HOME AND CREMATION SERVICE  
OF FORT MEADE, L.L.C.**



Principal Place of Business  
**POST OFFICE BOX 519  
WAUCHULA, FL 33873**

Mailing Address  
**POST OFFICE BOX 519  
WAUCHULA, FL 33873**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number

**11-3683792**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SAVARY, JOHNSON S JR.  
% DUNLAP & MORAN  
22 SOUTH LINKS AVENUE, SUITE 300  
SARASOTA, FL 34236**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: ROBERTS, DENNIS  
STREET ADDRESS: 529 W. MAIN ST/PO BOX 519  
CITY-ST-ZIP: WAUCHULA, FL 33873

☐ Delete

TITLE: MGR  
NAME: ROBERTS, DEBORAH J  
STREET ADDRESS: 529 W. MAIN ST/PO BOX 519  
CITY-ST-ZIP: WAUCHULA, FL 33873

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10. ADDITIONS/CHANGES

TITLE:  
NAME:  
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CITY-ST-ZIP:

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☐ Addition

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:

*Dennis Roberts*

**4-28-04**

**863-773-3771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #