

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017237

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** HAYES BROTHERS FUNERAL HOME - ALTAMONTE SPRINGS, LLC

**Current Principal Place of Business:**

241 O'BRIEN ROAD  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

28 WEST WOODWARD AVENUE  
EUSTIS, FL 32726

**New Mailing Address:**

**FEI Number:** 01-0781759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYES, DONALD E SR.  
28 WEST WOODWARD AVENUE  
EUSTIS, FL 32726 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAYES, DONALD E SR.  
Address: 28 WEST WOODWARD AVENUE  
City-St-Zip: EUSTIS, FL 32726

Title: MGRM  
Name: HAYES, TOMMY L  
Address: 28 WEST WOODWARD AVENUE  
City-St-Zip: EUSTIS, FL 32726

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD HAYES

MGRM

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date