

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000030313**

1. Entity Name  
**COMMUNITY FUNERAL GROUP, LLC**



Principal Place of Business  
**4343 NORTH FEDERAL HWY.  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**4343 NORTH FEDERAL HWY.  
FORT LAUDERDALE, FL 33308**



01102008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0478149**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAGINNIS, JOHN J  
4343 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MAGINNIS-WELSH, TARA A
STREET ADDRESS	4701 NORTH STATE ROAD 7
CITY-ST-ZIP	TAMARAC, FL 33319
TITLE	MGRM
NAME	CASE, CY J
STREET ADDRESS	4343 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	MGRM
NAME	WAGGONER, BRYAN M
STREET ADDRESS	4343 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000791970  
01/23/08-80097-008 138.75

**DO NOT WRITE  
IN THIS SPACE**

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** \_\_\_\_\_

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

*January 21, 2008*

Date

*954-492-4600*

Daytime Phone #