

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-16-2004 90140 046 ****50.00

DOCUMENT # L04000000705

1. Entity Name
HALIFAX FUNERAL PROPERTIES, LLC



Principal Place of Business
1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

Mailing Address
1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

34009640



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3479181

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOHMAN, LOWELL
1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

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 (Applicable)

(If filer is registered agent by authority of another registrant)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
LOWELL LOHMAN
1210 John Anderson Dr.
ORMOND Bch, FL 32176

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PARTNER
NANCY LOHMAN
1210 John Anderson Dr.
ORMOND Bch, FL 32176

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 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:

Nancy Lohman

7-12-04

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

Date

Printed Name