

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000000705

1. Entity Name
ORMOND FUNERAL PROPERTIES, LLC



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

Mailing Address
**725 WEST GRANADA BLVD
SUITE 48
ORMOND BEACH, FL 32174**



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**LOHMAN, NANCY
1423 BELLEVUE AVE
DAYTONA BEACH, FL 32114**

**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 use if applicable.

(NOTE: Registered Agent signature required when restate/ing)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOHMAN, LOWELL
1210 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOHMAN, NANCY
1210 JOHN ANDERSON DR.
ORMOND BEACH, FL 32176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOHMAN, TY
5 OAKWOOD PARK
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000917063
05/13/09-80026-005 138.75

**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

2-22-08 386-615-1170

DATE

Daytime Phone #