

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043649

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** CONSTANTINO ZIRCKEL FUNERAL CARE, LLC

**Current Principal Place of Business:**

935 E NEW YORK AVE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

935 E NEW YORK AVE  
DELAND, FL 32724

**New Mailing Address:**

**FEI Number:** 20-1230561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH, FL 32114 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CONSTANTINO, ROBYN  
Address: 23 KINGSBRIDGE CROSSING DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete  
Name: ZIRCKEL, HENRY  
Address: 36 LAKE WALDEN TRAIL  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBYN CONSTANTINO

MANA

04/27/2005

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