


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90051 003 \*\*\*\*50.00

<b>DOCUMENT # L04000093347</b>	
1. Entity Name <b>PALM STATE MORTUARY SERVICES, LLC</b>	

Principal Place of Business <b>112660 - 34TH STREET NORTH, UNIT A-1 CLEARWATER, FL 33762</b>	Mailing Address <b>112660 - 34TH STREET NORTH, UNIT A-1 CLEARWATER, FL 33762</b>
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2. Principal Place of Business		3. Mailing Address <b>622 Bypass Drive</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 100</b>	
City & State		City & State <b>Clearwater, Florida</b>	
Zip	Country	Zip	Country
		<b>33764</b>	<b>USA</b>



08112005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-2222962</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MAGAZINE, JAMES L 622 BYPASS DRIVE, SUITE 100 CLEARWATER, FL 33764</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

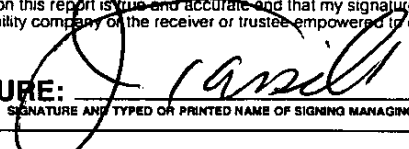
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TASSILLO, JOSEPH J 7501 ULMERTON ROAD, APT. 2311 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TASSILLO, BETH 7501 ULMERTON ROAD, APT. 2311 LARGO, FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **8/25/05** **727 571-1726**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

# ATTACHMENT

20067598

Palm State Mortuary Services, LLC  
c/o James Magazine, Registered Agent  
622 Bypass Drive, Suite 100  
Clearwater, FL 33764

August 30, 2005

Division of Corporations  
Annual Report Filings  
P.O. Box 6198  
Tallahassee, FL 32314

Re: 2005 Corporation Annual Report for Palm State Mortuary Services.;  
Document Number: L04000093347

Dear Sirs and Ladies:

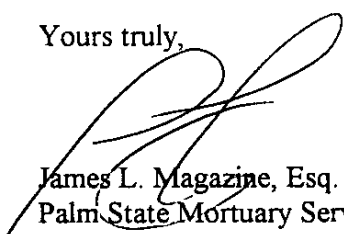
The above entitled corporation has recently been informed of a Notice of Intent to Dissolve for failure to file a 2005 corporation Annual Report with your office. This corporation never received this Annual Report has been advised that this Annual Report is due for this year.

This corporation is requesting a waiver of any late assessment fees. Enclosed with this correspondence is an executed Annual Report for filing with your offices, along with the annual filing fee of \$50.00.

This Annual Report is being filed with the request for a change in the mailing address for all future documents to be received on behalf of this company.

Thank you for your attention in this regard.

Yours truly,

  
James L. Magazine, Esq.  
Palm State Mortuary Services, LLC