

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005164

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** HERITAGE FUNERAL SERVICE, LLC

**Current Principal Place of Business:**

5334 HILLCREST ROAD  
CRESTVIEW, FL 32539

**New Principal Place of Business:**

**Current Mailing Address:**

5334 HILLCREST ROAD  
CRESTVIEW, FL 32539

**New Mailing Address:**

**FEI Number:** 20-2333167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KARNIEWICZ, JUDY  
1312 W. FLETCHER AVENUE  
SUITE B  
TAMPA, FL 33612 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/MANAGERS:**

Title: PRES ( ) Delete  
Name: POWELL, ANDERSON D  
Address: 5334 HILLCREST ROAD  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: VP ( ) Delete  
Name: POWELL, HEATHER B  
Address: 5334 HILLCREST ROAD  
City-St-Zip: CRESTVIEW, FL 32539 US

**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 exemption stated in Chapter 119, 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:** ANDERSON D. POWELL

PRES

04/06/2009

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