

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90057 044 ****50.00

DOCUMENT # L05000046227

1. Entity Name
FSI OF FLORIDA, LLC



Principal Place of Business
C/O WILLIAM H. WILLIAMS, JR.
1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32317

Mailing Address
POST OFFICE BOX 13407
TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0743525

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, E. MURRAY JR.
215 S. MONROE STREET, 2ND FLOOR
TALLAHASSEE, FL 32301

**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 title if applicable

(NOTE: Registered Agent signature required when restateing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FUNERAL SERVICES, INC.
1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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 _____

W. H. Williams, Jr.

2-8-07

850.425.1340

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

Date

Daytime Phone #