

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046227

Entity Name: FSI OF FLORIDA, LLC

FILED  
Mar 11, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O WILLIAM H. WILLIAMS, JR.  
1200 THOMASVILLE ROAD  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 13407  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 02-0743525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, E. MURRAY JR.  
215 S. MONROE STREET, 2ND FLOOR  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: FUNERAL SERVICES, IN, C.  
Address: 1200 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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: W. H. WILLIAMS, JR.

PRES

03/11/2009

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