2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED **DOCUMENT #L05000101765** 1. Entity Name **GRAVE SITES, LLC** 2007 APR -5 AM 9: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2672 NW GARVIN AVE. 4279 NE HWY 17 ARCADIA, FL 34266 ARCADIA, FL 34266 2. Principal Place of Business - No P.O. Box # 4597 NW. Highway 70 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282007 Chg-LLC CR2E083 (12/06) Suite #1 City & State City & State 4. FEI Number Applied For Arcadia, Florida 20-3632006 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 34266 Fee Required US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMES, ANDREW T CPA, CFP Street Address (P.O. Box Number is Not Acceptable) 128 W OAK STREET ARCADIA, FL 34266 City Zip Code FL 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 reinstating) DATE Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM (X) Addition TITLE Change TITLE ☐ Delete Daniel Anthony Newsome MGRM NEWSOME, DELMOS L NAME NAME 2692 NW Garvin Ave. STREET ADDRESS STREET ADDRESS 4279 NE HWY 17 CITY-ST-ZIP Arcadia, Fl. <u>34266</u> ARCADIA, FL 34266 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 0471707-01043-011 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 863.491 365 HE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE