



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000104871 1. Entity Name LOYLESS FUNERAL HOMES, LLC	
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Principal Place of Business 5310 LAND O LAKES BLVD. LAND O LAKES, FL 34639 FL	Mailing Address 5310 LAND O LAKES BLVD. LAND O LAKES, FL 34639 FL
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DO NOT WRITE IN THIS SPACE



01172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0806238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LARSON, DANIEL A ESQ.
777 S. HARBOUR ISLAND BLVD.
SUITE 300
TAMPA, FL 33602**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOYLESS, JOHN E 5310 LAND O LAKES BLVD. LAND O LAKES, FL 34639
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02/08/08-80066-004 138.75**

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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: *John E. Loyless* **1-23-08** **812-946-6610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #