

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000113545

FILED
Oct 05, 2006
Secretary of State

Entity Name: BROWN'S MEMORIAL FUNERAL HOME & CREMATION SERVICE, LLC

Current Principal Place of Business:

706 S.W. MARTIN LUTHER KING AVENUE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

706 S.W. MARTIN LUTHER KING AVENUE
OCALA, FL 34474

New Mailing Address:

FEI Number: 14-1943248 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, FRANKIE L
2301 N.W. 24TH ROAD
OCALA, FL 34475 US

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: BROWN, F L

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, FRANKIE L
Address: 2301 N.W. 24TH ROAD
City-St-Zip: Ocala, FL 34475

Title: MGRM () Delete
Name: LANGSTON, LILLIE MAE
Address: 2301 N.W. 24TH ROAD
City-St-Zip: Ocala, FL 34475

Title: MGRM () Delete
Name: MITCHELL, CLAUDETTE
Address: 2301 N.W. 24TH ROAD
City-St-Zip: Ocala, FL 34475

Title: MGRM () Delete
Name: RIVERA, MARIA
Address: 600 S.W. 38TH AVENUE #55
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: BROWN, F L

MANA

10/05/2006

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