


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| DOCUMENT # L05000120372   |  |                                 |   |  |  |
| <b>1. Entity Name</b><br>SARAH'S MEMORIAL CHAPEL, LLC   |  |                                 |   |   |  |
| <b>Principal Place of Business</b><br>728 AVENUE D<br>FORT PIERCE, FL 34950   |  |                                 | <b>Mailing Address</b><br>728 AVENUE D<br>FORT PIERCE, FL 34950   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>       |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |   |  |
| City & State  |  | City & State                    |   |   |  |
| Zip   | Country  | Zip                             | Country   | 05012008    Chg-LLC    CR2E083 (12/06)  |  |
| <b>4. FEI Number</b><br>59-3827989  |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |                                 |   | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                                 | <b>7. Name and Address of New Registered Agent</b>  |   |  |
| ALEXANDER, PERCY<br>9940 BAYWATER DRIVE<br>BOCA RATON, FL 33496   |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |  |
| <b>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.</b>  |  |                                 |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |                                 |   | <b>Make check payable to</b><br><b>Florida Department of State</b>                |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>ALEXANDER, PERCY<br>9940 BAYWATER DRIVE<br>BOCA RATON, FL 33496             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 000000947023<br>05/30/08-80072-022 138.75   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>ALEXANDER, RUFUS<br>2304 AVENUE P<br>FORT PIERCE, FL 34947                  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>HARRIS, PEGGY<br>2702 AVENUE I<br>FORT PIERCE, FL 34947                     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>WILLIAMS, MARJORIE<br>217 NW GOLDCOAST AVENUE<br>PORT SAINT LUCIE, FL 34983 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AS<br>JOHNSON, CURTIS E<br>1501 NORTH 21ST STREET<br>FORT PIERCE, FL 34950       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |  |                                 |   |   |  |
| <b>SIGNATURE:</b> <i>Peggy Harris</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE   |  |                                 | Date <i>May 1 2008</i> Daytime Phone # <i>772 4642525</i>   |   |  |