

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059640

Entity Name: BURIAL AT SEA, LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

139 26TH AVE. N.EAST  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

139 26TH AVE. N.EAST  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 06-1781624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STERRETT, ROBERT W III  
1502 N. 19TH STREET  
YBOR CITY, FL 33605 US

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

STERRETT, ROBERT W III  
139 26TH AVE N.E.  
ST. PETERSBURG, FL 33704 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:

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THOMPSON, RICK  
Address: 1502 N. 19TH STREET  
City-St-Zip: YBOR CITY, FL 33605

Title: MGRM (X) Delete  
Name: STERRETT, ROBERT III  
Address: 1502 N. 19TH STREET  
City-St-Zip: YBOR CITY, FL 33605

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STERRETT, ROBERT W III  
Address: 1502 N. 19TH ST  
City-St-Zip: YBOR CITY, FL 33605

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: ROBERT W. STERRETT III

MGRM

04/14/2009

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