

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000090789

1. Entity Name

PORT ORANGE FUNERAL PROPERTIES, LLC



Principal Place of Business

1210 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

Mailing Address

725 WEST GRANADA BLVD
SUITE 48
ORMOND BEACH, FL 32174



02212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5556150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOHMAN, NANCY
725 WEST GRANADA BLVD
SUITE 48
ORMOND BEACH, FL 32174

**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 reappointing)

DATE

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

U000000924844
05/20/08-80003-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME LOHMAN, LOWELL
STREET ADDRESS 1210 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VTS
NAME LOHMAN, NANCY
STREET ADDRESS 1210 JOHN ANDERSON DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE V
NAME LOHMAN, TY
STREET ADDRESS 5 OAKWOOD PARK
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE V
NAME LOHMAN, VICTOR
STREET ADDRESS 31 PEBBLE BEACH DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-22-08

386-615-1170

Date

Daytime Phone #