

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90247 046 ***138.75

DOCUMENT # L06000098772

1. Entity Name
BEREAVEMENT SPECIALISTS, LLC



Principal Place of Business
**525 SOUTH FLAGLER DRIVE, SUITE 200
TRUMP PLAZA OFFICE CENTER
WEST PALM BEACH, FL 33401**

Mailing Address
**525 SOUTH FLAGLER DRIVE, SUITE 200
TRUMP PLAZA OFFICE CENTER
WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box #
321 Sandtree Dr.

3. Mailing Address
321 Sandtree Dr.

Suite, Apt. #, etc.

City & State
Palm Bch Gdns, FL

City & State
Palm Bch Gdns, FL

Zip
32403

Country
USA



02212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
68-0631189

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**ZELLER, RONALD J
525 SOUTH FLAGLER DRIVE, SUITE 200
TRUMP PLAZA OFFICE CENTER
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Jennifer Melvin

Street Address (P.O. Box Number is Not Acceptable)
c/o CompuKeeper 2298 NW 2nd Ave.

Ste 20

City
Boca Raton

State
FL

Zip Code
33431

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELVIN, JENNIFER 321 SANDTREE DR. PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAN, TRICIA 5436 COURTNEY CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #