

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101122

FILED
Jul 23, 2008
Secretary of State

Entity Name: PROFESSIONAL FUNERAL SERVICES OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

1494 HIGHWAY 83 NORTH
DE FUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 661
DEFUNIAK SPRINGS, FL 32435 US

New Mailing Address:

FEI Number: 20-5730672 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:

WATKINS, TRAVIS
704 OVERBROOK DRIVE
FORT WALTON BEACH, FL 32547 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATKINS, TRAVIS
Address: 704 OVERBROOK DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM () Delete
Name: DAVIS, JOEL
Address: 357 TIMBERWIND DRIVE
City-St-Zip: DE FUNIAK SPRINGS, FL 32433 US

ADDITIONS/CHANGES:

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 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: JOEL DAVIS

MGRM

07/23/2008

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