

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101122

**FILED**  
**Mar 04, 2011**  
**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 ( )**

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

WATKINS, TRAVIS  
704 OVERBROOK DRIVE  
FORT WALTON BEACH, FL 32547 US

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

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  
**Name:** WATKINS, TRAVIS  
**Address:** 704 OVERBROOK DRIVE  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 US

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

I hereby 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

03/04/2011

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