2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# L06000107851

Entity Name: NORTH PORT FUNERAL SERVICES, LLC

Current Principal Place of Business:

14538 SOUTH TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

14538 SOUTH TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 20-5838508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WIENER, WENDY R ESQ
MANG LAW FIRM, P.A.
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 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	( ) Delete
Name:	TARTAGLIA, ANTHONY L JR	
Address:	14538 SOUTH TAMIAMI TRAIL	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	MGRM	( ) Delete
Name:	MULQUIN, KIMBERLY A	
Address:	14538 SOUTH TAMIAMI TRAIL	
City-St-Zip:	NORTH PORT, FL 34287 FL	
Title:	MGRM	( ) Delete
Name:	KAHN, PHILIP A	
Address:	14538 SOUTH TAMIAMI TRAIL	
City-St-Zip:	NORTH PORT, FL 34287 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ANTHONY TARTAGLIA MGM 03/24/2008

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