2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# L07000026675

Entity Name: MY PET'S CREMATION, LLC

Current Principal Place of Business:

2620 HIGHLANDS RD #A
HARBOUR HEIGHTS, FL 33983

New Principal Place of Business:

Current Mailing Address:

2620 HIGHLANDS RD #A
HARBOUR HEIGHTS, FL 33983

New Mailing Address:

FEI Number: 20-8658820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELBY, TARYN
359 PAISLEY AVE
LEIHIGH ACRES, FL 33936 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: MGR ( ) Delete
Name: SHELBY, TARYN
Address: 359 PAISLEY AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGR ( ) Delete
Name: ANDERSON, J MICHELLE
Address: 359 PAISLEY AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGR ( ) Delete
Name: NICHOLS, RONALD D
Address: 250 NE 10TH PLACE
City-St-Zip: CAPE CORAL, FL 33909

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: TARYN SHELBY PRES 03/08/2009

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