

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035520

FILED
May 20, 2008
Secretary of State

Entity Name: SOUTHEAST MORTUARY SERVICES LLC

Current Principal Place of Business:

945 LINCON ST
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

945 LINCON ST
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 51-0628915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SIGNAL SEVEN
945 LINCON ST.
MELBOURNE, FL 32901 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: MGR () Delete
Name: HASERT, JUSTIN T
Address: 2020 TURPENTINE RD
City-St-Zip: MIMS, FL 32754

Title: MGRM () Delete
Name: REID, DENISE A
Address: 2020 TURPENTINE RD.
City-St-Zip: MOMS, FL 32754

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: JUSTIN HASERT

MGR

05/20/2008

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