

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000056173

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Entity Name:** PAX VILLA MIAMI FUNERAL SERVICES, LLC

**Current Principal Place of Business:**

54 NE 54 STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

54 NE 54 STREET  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-0750770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ST. AMAND, SANDRA D  
54 NE 54 STREET  
MIAMI, FL 33137 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:** ST. AMAND, FRED SR  
**Address:** 54 NE 54 STREET  
**City-St-Zip:** MIAMI, FL 33137 US

**Title:** MGRM  
**Name:** ST. AMAND, SANDRA D  
**Address:** 54 NE 54 STREET  
**City-St-Zip:** MIAMI, FL 33137

**Title:** MGRM  
**Name:** ST. AMAND, FRED JR  
**Address:** 54 NE 54 STREET  
**City-St-Zip:** MIAMI, FL 33137

**Title:** MGRM  
**Name:** ST. AMAND, JESSICA  
**Address:** 54 NE 54 STREET  
**City-St-Zip:** MIAMI, FL 33137

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:** JESSICA ST. AMAND

MGRM

03/23/2010

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