

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056177

FILED
Apr 30, 2008
Secretary of State

Entity Name: PAX VILLA BROWARD FUNERAL SERVICES, LLC

Current Principal Place of Business:

1941 WEST OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

1941 WEST OAKLAND PARK BLVD
OAKLAND PARK, FL 33311

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
1941 WEST OAKLAND PARK BLVD
OAKLAND PARK, FL 33311 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: ST. AMAND, FRED SR
Address: 1941 WEST OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33311

Title: MGRM () Delete
Name: ST.AMAND, SANDRA D
Address: 1941 WEST OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33311

Title: MGRM () Delete
Name: ST. AMAND, FRED JR
Address: 1941 WEST OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33311

Title: MGRM () Delete
Name: ST. AMAND, JESSICA
Address: 1941 WEST OAKLAND PARK BLVD
City-St-Zip: OAKLAND PARK, FL 33311

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:

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: SANDRA ST. AMAND

MS

04/30/2008

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