

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065738

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** CHARLES T. HALL FUNERAL HOME LLC

**Current Principal Place of Business:**

620 S.W. HOUSTON AVENUE  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 451  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 77-0692835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, LOUISE H  
620 S.W. HOUSTON AVENUE  
LIVE OAK, FL 32064 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: HALL, LOUISE H  
Address: 620 S.W. HOUSTON AVENUE  
City-St-Zip: LIVE OAK, FL 32064

Title: MGR  
Name: HICKS, BARRY L  
Address: 620 S.W. HOUSTON AVENUE  
City-St-Zip: LIVE OAK, FL 32064

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: BARRY L. HICKS

MGR

01/03/2011

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