

FILED
May 07, 2008 8:00 am
Secretary of State

30005885

DOCUMENT # L07000093629

1. Entity Name
MEMORIAL GARDENS CEMETERY OF THE FLORIDA
KEYS, LLC

Principal Place of Business
31140 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043

Mailing Address
31140 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
42-1638141

Applied For
Not Applicable

5. Certificate of Status Desired
\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent
DEAN, DONNA S
31140 OVERSEAS HIGHWAY
BIG PINE KEY, FL 33043

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
DEAN, DONNA S
14 CYPRESS TERRACE
KEY WEST, FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
DEAN, JEFFREY W
418 SIMONTON STREET
KEY WEST, FL 33040

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
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TITLE
NAME
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CITY - ST - ZIP

Change

Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  JEFFREY W DEAN 3/21/08 305-294-106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #