

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098976

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: COMPASS LAKE COMMUNITY CEMETERY, LLC

**Current Principal Place of Business:**

427 LAKE POINT ROAD  
ALFORD, FL 32420

**New Principal Place of Business:**

**Current Mailing Address:**

427 LAKE POINT ROAD  
ALFORD, FL 32420

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GLAZE, RONALD E  
345 CITY SQUARE ROAD  
COMPASS LAKE, FL 32420 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: COMPASS LAKE ASSOCIA, TION, INC.  
Address: 427 LAKEPOINT ROAD  
City-St-Zip: ALFORD, FL 32420 US

Title: D ( ) Delete  
Name: CUTCHEN, DAVID  
Address: 2489 KINFOLK DR  
City-St-Zip: ALFORD, FL 32420

Title: D ( ) Delete  
Name: GLAZE, RONALD  
Address: 345 CITY SQUARE RD  
City-St-Zip: ALFORD, FL 32420

**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:

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: JUANITA SEAY

ST

02/06/2009

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