

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103244

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** CAPE CORAL CREMATORY, LLC

**Current Principal Place of Business:**

950 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

950 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990 US

**Current Mailing Address:**

950 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990

**New Mailing Address:**

950 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990 US

**FEI Number:** 26-1203806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHMIDT, JUERGEN  
950 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990 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:** MGR  
**Name:** SCHMIDT, JUERGEN  
**Address:** 950 COUNTRY CLUB BLVD  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** MGR  
**Name:** NESNIDAL, SCOTT C  
**Address:** 950 COUNTRY CLUB BLVD  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** MGR  
**Name:** SCHMIDT, PETRA  
**Address:** 950 COUNTRY CLUB BLVD  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** MGR  
**Name:** SCHMIDT, MARCELLA  
**Address:** 950 COUNTRY CLUB BLVD  
**City-St-Zip:** CAPE CORAL, FL 33990 US

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:** MARCELLA SCHMIDT

MGR

04/22/2012

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