

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000121358

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** OMEGA FUNERAL SERVICES LLC

**Current Principal Place of Business:**

5011 S HWY 17/92  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

478 E ALTAMONTE DRIVE  
SUITE 108-343  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 22-3973200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** TRUEBA, ALAN  
**Address:** 553 TWISTING PINE COURT  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** S  
**Name:** TRUEBA, CYNTHIA L  
**Address:** 553 TWISTING PINE COURT  
**City-St-Zip:** LONGWOOD, FL 32779

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:** CYNTHIA L TRUEBA

S

01/24/2011

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