

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073774

FILED
Mar 11, 2009
Secretary of State

Entity Name: SCRIVENS JOHNSON MORTUARY SERVICE LLC

Current Principal Place of Business:

39101 HAVEN DR
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

2001 E. HILLSBOROUGH AV.
SUITE # 1
TAMPA, FL 33610

Current Mailing Address:

39101 HAVEN DR
ZEPHYRHILLS, FL 33542

New Mailing Address:

39101 HAVEN AV.
ZEPHYRHILLS, FL 33542

FEI Number: 26-3105005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLE, KATHY L
309 W MLKING BLVD
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

VALDEZ, ELIO
2001 E HILLSBOROUGH AV.
SUITE # 1
TAMPA, FL 33610 US

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: ELIO VALDEZ

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, DARRELL D
Address: 39101 HAVEN DR
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MGR () Delete
Name: SCRIVENS, SONYA J
Address: 39101 HAVEN DR
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, SONYA S
Address: 39101 HAVEN AV.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MGR (X) Change () Addition
Name: JOHNSON, DARRELL D
Address: 39101 HAVEN AV.
City-St-Zip: ZEPHYRHILLS, FL 33542

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: SONYA S. JOHNSON

MGR

03/11/2009

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