

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109912

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Entity Name:** COUNTRYSIDE FUNERAL HOME, LLC

**Current Principal Place of Business:**

9185 NE 21ST AVENUE  
ANTHONY, FL 32617 US

**New Principal Place of Business:**

9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 US

**Current Mailing Address:**

9185 NE 21ST AVENUE  
ANTHONY, FL 32617 US

**New Mailing Address:**

9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 US

FEI Number: 26-3790123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BYRNE, SR., JAMES P  
23755 NE HWY 314  
SALT SPRINGS, FL 32134 US

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

BYRNE, SR., JAMES P MGR  
9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 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: JAMES P. BYRNE

03/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BYRNE, SR., JAMES P MGR  
Address: 9185 NE JACKSONVILLE ROAD  
City-St-Zip: ANTHONY, FL 32617 US

Title: MGR  
Name: BYRNE, ROBIN S MGR  
Address: 9185 NE JACKSONVILLE ROAD  
City-St-Zip: ANTHONY, FL 32617 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: ROBIN BYRNE

MGR

03/14/2010

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