

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109912

FILED  
Mar 13, 2012  
Secretary of State

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

**Current Principal Place of Business:**

9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 US

**New Principal Place of Business:**

**Current Mailing Address:**

9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 US

**New Mailing Address:**

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

MGR

03/13/2012

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