

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041521

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** CREMATION SERVICES OF POLK COUNTY, LLC

**Current Principal Place of Business:**

2175 SOUTH 30TH STREET  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

1001 GRACE AVENUE  
HAINES CITY, FL 33844

**New Mailing Address:**

**FEI Number:** 27-2943899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLT, DAVE LANE  
1001 GRACE AVENUE  
HAINES CITY, FL 33844 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:** MGRM  
**Name:** OAK RIDGE, INC.  
**Address:** 1001 GRACE AVENUE  
**City-St-Zip:** HAINES CITY, FL 33844

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: DAVE HOLT

MR

02/10/2012

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