

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000129011

**FILED**  
**Nov 03, 2011**  
**Secretary of State**

**Entity Name:** MCRAE FUNERAL SERVICES, LLC

**Current Principal Place of Business:**

1940 DR. MARTIN LUTHER KING JR STREET S  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1320 CORAL WAY S  
ST PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** 45-2468312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCRAE, DONNA  
1320 CORAL WAY SOUTH  
ST PETERSBURG, FL 33705 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:** DONNA MCRAE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MCRAE, PAUL E JR  
**Address:** 4391 MEADOW VISTA DRIVE  
**City-St-Zip:** LITHONIA, GA 30038

**Title:** MGRM  
**Name:** MCRAE, LEAH O  
**Address:** 400 GOLDMINE DRIVE  
**City-St-Zip:** SAN FRANCISCO, CA 94131

**Title:** MGRM  
**Name:** MCRAE, DEANA M  
**Address:** 4201 S 31ST STREET #734  
**City-St-Zip:** ARLINGTON, VA 22206

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:** PAUL MCRAE JR.

MGRM

11/03/2011

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