

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstatement: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -7 PM 2:02

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company **DOCUMENT # L96000001145**

ALTERNATIVE CHOICE CREMATION SOCIETY, L.C.
166 HWY A-1-A
PONTE VEDRA BEACH FL 32082

1a. Principal Place of Business Address

166 HWY A-1-A
PONTE VEDRA BEACH FL 32082

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

31 S. 12th Street

Suite, Apt. #, etc.

City & State

Jacksonville Bch., FL

Zip

32250

Country

Duval

2a. Mailing Address

31 S. 12th Street

Suite, Apt. #, etc.

City & State

Jacksonville Bch., FL

Zip

32250

Country

Duval

3. Date Organized or Qualified

10/21/1996

3a. State of Formation

FL

4. FEI Number

59-3405105

☐ Applied For

☐ Not Applicable

5. Date of Last Report

10/96

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
222 W COMSTOCK AVE
SUITE 111
ORLANDO FL 32789

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	TOLER, BECKY	22 28TH AVE., S.	JACKSONVILLE FL *
MEM	AGLIARDO, FRANCIS	100 GREAT HARBOUR WAY #180 452 Myra Street	PONTE VEDRA BEACH FL **
MEM	CLEGG, MICHAEL	1800 THE GREENS WAY #1910 c/o 267 SE John Nye Road	JACKSONVILLE BEACH FL **
MEM	THRONE, DAPHNE	400 S. MELROSE DR., SUITE	VISTA CA
MEM	TOLER, GARRY	122 28th Ave., S.	Jacksonville Beach, FL
* REMOVE AS MEMBER		500002319855--4	
** CHANGE OF ADDRESS		-10/14/97--01039--006	
		****588.75 ****588.75	
		KWM	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Francis A. Liardo