

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004143

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** GIBALTAR REMEMBRANCE SERVICES, LLC

**Current Principal Place of Business:**

3925 RIVER CROSSING PARKWAY, SUITE 100  
INDIANAPOLIS, IN 46240

**New Principal Place of Business:**

**Current Mailing Address:**

3925 RIVER CROSSING PARKWAY, SUITE 100  
INDIANAPOLIS, IN 46240

**New Mailing Address:**

**FEI Number:** 20-2855596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

USELTON, MICHAEL R  
1830 AMBERWYND CIRCLE W  
PALMETTO, FL 34221 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:** BRAMMER, TIMOTHY F  
**Address:** 3925 RIVER CROSSING PARKWAY, SUITE 100  
**City-St-Zip:** INDIANAPOLIS, IN 46240

**Title:** MGRM  
**Name:** BRAMMER, JAY A  
**Address:** 3925 RIVER CROSSING PARKWAY, SUITE 100  
**City-St-Zip:** INDIANAPOLIS, IN 46240

**Title:** MGRM  
**Name:** BURD, TERRY  
**Address:** 3925 RIVER CROSSING PARKWAY, SUITE 100  
**City-St-Zip:** INDIANAPOLIS, IN 46240

**Title:** MGRM  
**Name:** USELTON, MICHAEL R  
**Address:** 1830 AMBERWYND CIRCLE W  
**City-St-Zip:** PALMETTO, FL 34221

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:** MICHAEL R. USELTON

MGRM

01/04/2012

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