

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90044 047 ****50.00

DOCUMENT # M99000001273

1. Entity Name
THE MEMORIAL STORE OF FLORIDA, L.L.C.



Principal Place of Business
4200 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021

Mailing Address
4200 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33021

20016154



02152005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0927999

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

PANCIERA, MARK J
42200 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME THOMAS, LINDSEY J
STREET ADDRESS 1925 SIXTH STREET SOUTH DELETE
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGRM
NAME PANCIERA, MARK J
STREET ADDRESS 4200 HOLLYWOOD BOULEVARD
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGRM
NAME Lowery, G. David
STREET ADDRESS 4200 Hollywood Boulevard
CITY-ST-ZIP Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/24/05

954-989-9900