

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000020384

**Entity Name:** PINECASTLE PET CREMATORY, L.L.C.

**Current Principal Place of Business:**

494 WEST LANDSTREET ROAD  
UNIT #2  
ORLANDO, FL 32824

**Current Mailing Address:**

13025 KIRBY SMITH ROAD  
ORLANDO, FL 32832-6130

**FEI Number: 04-3591733**

**Certificate of Status Desired: No**

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

CRAWFORD, KATHLEEN B  
13025 KIRBY SMITH ROAD  
ORLANDO, FL 32832-6130 US

*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

**Authorized Person(s) Detail :**

|                 |                        |                 |                               |
|-----------------|------------------------|-----------------|-------------------------------|
| Title           | MGRM                   | Title           | AUTHORIZED REPRESENTATIVE     |
| Name            | CRAWFORD, KATHLEEN B   | Name            | CRAWFORD-ELSBERRY, KATHLEEN E |
| Address         | 13025 KIRBY SMITH ROAD | Address         | 13025 KIRBY SMITH ROAD        |
| City-State-Zip: | ORLANDO FL 32832-6130  | City-State-Zip: | ORLANDO FL 32832-6130         |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KATHLEEN B CRAWFORD**

**MGRM**

**03/18/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date