

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000073774

**Entity Name:** SCRIVENS JOHNSON MORTUARY SERVICE LLC

**Current Principal Place of Business:**

8410 TEMPLE TERRACE HWY.  
TAMPA, FL 33637

**Current Mailing Address:**

8410 TEMPLE TERRACE HWY.  
TAMPA, FL 33637 US

**FEI Number:** 26-3105005

**Certificate of Status Desired:** No

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

JOHNSON, DARRELL D  
8410 TEMPLE TERRACE HWY.  
TAMPA, FL 33637 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            P  
Name            JOHNSON, DARRELL D  
Address        8410 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

Title            VP  
Name            JOHNSON, SONYA S  
Address        8410 TEMPLE TERRACE HWY.  
City-State-Zip: TAMPA FL 33637

*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:** DARRELL JOHNSON

**OWNER/ PRESIDENT**

**01/14/2025**

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

\_\_\_\_\_  
Date