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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARRELL D JOHNSON

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

02/04/2013 Date

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:

Authorized Person(s) Detail : Ν

Electronic Signature of Registered Agent

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

Current Principal Place of Business:

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SCRIVENS JOHNSON MORTUARY SERVICE LLC

8410 TEMPLE TERRACE HWY. TAMPA, FL 33637

DOCUMENT# L08000073774

Current Mailing Address:

8410 TEMPLE TERRACE HWY. TAMPA, FL 33637 US

FEI Number: 26-3105005

Name and Address of Current Registered Agent:

JOHNSON, DARRELL D 8410 TEMPLE TERRACE HWY. TAMPA, FL 33637 US

Certificate of Status Desired: No

Date