

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109912

**Entity Name:** COUNTRYSIDE FUNERAL HOME, LLC

**Current Principal Place of Business:**

9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617

**Current Mailing Address:**

9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 US

**FEI Number: 26-3790123**

**Certificate of Status Desired: No**

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

BYRNE, SR., JAMES PMGR  
9185 NE JACKSONVILLE ROAD  
ANTHONY, FL 32617 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            MGR  
Name            BYRNE, SR., JAMES PMGR  
Address        9185 NE JACKSONVILLE ROAD  
City-State-Zip: ANTHONY FL 32617

*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: BYRNE, SR., JAMES PMGR**

**MGR**

**02/07/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date