

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134999

**Entity Name:** MCGAN CREMATION SERVICE LLC

**Current Principal Place of Business:**

65 N FLORIDA AVENUE  
INVERNESS, FL 34453

**Current Mailing Address:**

8818 E. REN PLACE  
INVERNESS, FL 34450

**FEI Number:** 45-3915967

**Certificate of Status Desired:** No

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

MCGAN, SEAN  
8818 E. REN PLACE  
INVERNESS, FL 34450 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 MCGAN, SEAN  
Address 8818 E REN PLACE  
City-State-Zip: INVERNESS FL 34450

Title MGRM  
Name MCGAN, NICOLE  
Address 8818 E REN PLACE  
City-State-Zip: INVERNESS FL 34450

*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:** SEAN MCGAN

**PRESIDENT**

**02/13/2025**

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

\_\_\_\_\_  
Date