

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113658

Entity Name: S.E. CEMETERIES OF FLORIDA, LLC

Current Principal Place of Business:

2400 HARRELL RD
ORLADNO, FL 32817

FILED
Apr 11, 2019
Secretary of State
9094519817CC

Current Mailing Address:

1929 ALLEN PARKWAY
HOUSTON, TX 77019 US

FEI Number: 59-1036850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: MANAGER
Name: KEY, JANET S
Address: 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title: MANAGER
Name: TURNER, LYNDI
Address: 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title: MANAGER
Name: LONGINO, NOBLE L
Address: 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title: AUTHORIZED MEMBER
Name: TRIESCH, MICHAEL G
Address: 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title: VP
Name: SPILDE, LORI E
Address: 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title: VP
Name: GEHL, PAMELA J
Address: 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title: MANAGER
Name: GIBBS, BRENDA K
Address: 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title: VP
Name: GRUENDL, KEITH L
Address: 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON FL 70121

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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: MICHAEL G TRIESCH

TREASURER

04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name GUARA, MANUEL
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title VP
Name LACOUR, ANGELA M
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121