

**2018 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

**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           GARRETT, SUSAN L  
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           BRIGGS, CURTIS G  
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**

**05/01/2018**

\_\_\_\_\_  
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