

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113662

Entity Name: S.E. FUNERAL HOMES OF FLORIDA, LLC**Current Principal Place of Business:**301 NE IVANHOE BLVD
ORLANDO, FL 32804**Current Mailing Address:**1929 ALLEN PARKWAY
TAX DEPT
HOUSTON, TX 77019 US**FEI Number:** 59-2050710**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
TAX DEPT
City-State-Zip: HOUSTON TX 77019

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

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

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

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

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

Title VP
Name GRUENDL, KEITH L
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

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

MANAGER

05/13/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date