

2024 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	SECRETARY
Name	KEY, JANET S
Address	1929 ALLEN PARKWAY
City-State-Zip:	HOUSTON TX 77019

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

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

Title	VP, MANAGER
Name	BOCAGE, STERLING C
Address	1929 ALLEN PKWY TAX DEPT 9TH FL
City-State-Zip:	HOUSTON TX 77019

Title	PRESIDENT
Name	LONGINO, NOBLE L
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

Title	VP
Name	BATEMAN, MARIA E
Address	1333 S CLEARWATER PARKWAY
City-State-Zip:	NEW ORLEANS 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****04/24/2024**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY	Title	MANAGER, ASST. SECRETARY
Name	GIBBS, BRENDA K	Name	WALKER, KATIE M
Address	1333 S CLEARWATER PARKWAY	Address	1929 ALLEN PARKWAY
City-State-Zip:	NEW ORLEANS LA 70121	City-State-Zip:	HOUSTON TX 77019