

2025 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 ASST. 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
City-State-Zip: HOUSTON TX 77019

Title VP
Name GRUENDL, KEITH L
Address 3000 GULF TO BAY BLVD
SUITE 500
City-State-Zip: CLEARWATER FL 33765

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

Title PRESIDENT
Name LONGINO, NOBLE L
Address 3000 GULF TO BAY BLVD
SUITE 500
City-State-Zip: CLEARWATER FL 33765

Title ASST. SECRETARY
Name GIBBS, BRENDA K
Address 1333 S CLEARVIEW PKWY
City-State-Zip: NEW ORLEANS LA 70121

Title VP
Name GUARA, MANUEL
Address 8200 BIRD RD
FL 2
City-State-Zip: MIAMI FL 33155

Title MANAGER, VP
Name BOCAGE, STERLING C
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

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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****04/29/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name BATEMAN, MARIA E
Address 1333 S CLEARVIEW PARKWAY
City-State-Zip: NEW ORLEANS LA 70121

Title VP
Name WALKER, KATIE M
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title VP
Name MILLER, STEVEN
Address 5101 NORTH NEBRASKA AVE
City-State-Zip: TAMPA FL 33603

Title SECRETARY, MANAGER
Name LABETH, SARA E
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019