

2022 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, SECRETARY
Name KEY, JANET S
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title PRESIDENT
Name LONGINO, NOBLE L
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 ASST. SECRETARY
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

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

Title MANAGER, VP
Name BOCAGE, STERLING C
Address 1929 ALLEN PKWY
 TAX DEPT 9TH FL
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

05/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP

Name BATEMAN, MARIA E

Address 1333 S CLEARWATER PARKWAY

City-State-Zip: NEW ORLEANS LA 70121