

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000191070

Entity Name: SCI FUNERAL SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

1929 ALLEN PKWY
HOUSTON, TX 77019

Current Mailing Address:

1929 ALLEN PKWY
HOUSTON, TX 77019 US

FEI Number: 59-0818059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR
Name LONGINO, NOBLE L
Address 26133 US 19 N STE 308
City-State-Zip: CLEARWATER FL 33763

Title MGR, SECRETARY
Name KEY, JANET
Address 1929 ALLEN PKWY
City-State-Zip: HOUSTON TX 77019

Title TREASURER
Name TRIESCH, MICHAEL G
Address 1929 ALLEN PKWY
City-State-Zip: HOUSTON TX 77019

Title VP
Name LEWIS, ANASTHASIA
Address 1929 ALLEN PKWY
City-State-Zip: HOUSTON TX 77019

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

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

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

Title VP
Name GRUENDLE, KEITH L
Address 1929 ALLEN PKWY
City-State-Zip: HOUSTON TX 77019

Continues on page 2

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

05/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name GUARA, MANUEL
Address 1929 ALLEN PKWY
City-State-Zip: HOUSTON TX 77019