2020 FLORIDA LIMITED LIABILITY COMPANY 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

FILED May 06, 2020

Secretary of State

4355036724CC

Authorized Person(s) Detail :

Title MGR Title MGR, SECRETARY

KEY, JANET Name LONGINO, NOBLE L Name

1929 ALLEN PKWY Address 26133 US 19 N STE 308 Address City-State-Zip: HOUSTON TX 77019 CLEARWATER FL 33763 City-State-Zip:

Title MANAGER, ASST. SECRETARY Title **TREASURER**

Name BALLARD, DENISE Y TRIESCH, MICHAEL G Name Address 1929 ALLEN PKWY Address 1929 ALLEN PKWY HOUSTON TX 77019 City-State-Zip: HOUSTON TX 77019 City-State-Zip:

VΡ Title \/P Title

Name BATEMAN, MARIA E Name LEWIS. ANASTHASIA

Address 1333 S CLEARWATER PARKWAY 1929 ALLEN PKWY Address

City-State-Zip: NEW ORLEANS LA 70121 City-State-Zip: HOUSTON TX 77019

Title ASST. SECRETARY Title

Name GIBBS, BRENDA LACOUR, ANGELA M Name

1333 S CLEARVIEW PARKWAY Address 1333 S CLEARVIEW PARKWAY Address City-State-Zip: NEW ORLEANS LA 70121

NEW ORLEANS LA 70121 City-State-Zip:

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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

05/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title VP Title VP

NameGRUENDLE, KEITH LNameGUARA, MANUELAddress1929 ALLEN PKWYAddress1929 ALLEN PKWYCity-State-Zip:HOUSTON TX 77019City-State-Zip:HOUSTON TX 77019