

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000004252

**FILED
Jul 20, 2021
Secretary of State
4541669784CC**

Entity Name: NORTHSTAR HILLCREST, LLC

Current Principal Place of Business:

1900 ST. JAMES PLACE
SUITE 300
HOUSTON, TX 77056

Current Mailing Address:

1900 ST. JAMES PLACE
SUITE 300
HOUSTON, TX 77056 US

FEI Number: 41-2153845

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: NORTHSTAR CEMETERY SERVICES OF FLORIDA, LLC
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: PRESIDENT, COO, ASST.
Name: SULLIVAN, BRIAN L.
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: SENIOR VICE PRESIDENT
Name: RENFRO, JOHN
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: SENIOR VICE PRESIDENT - SALES
Name: REICHERT, THOMAS
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: VICE PRESIDENT - OPERATIONS
Name: SEMESCO, JAMES
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: VP, DIRECTOR OF ADMINISTRATION, SECRETARY
Name: GILMORE, DEB
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: EXECUTIVE VICE PRESIDENT - LEGAL & CORPORATE DEVELOPMENT, ASST. SECRETARY
Name: BIRCH, TIMOTHY
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

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: BRADLEY SLENKER

POA

07/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date