

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M04000005025

Entity Name: NORTHSTAR FUNERAL SERVICES OF FLORIDA, 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: 61-1479229

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	VP, ASST. SECRETARY	Title	CEO, PRESIDENT, SECRETARY
Name	BIRCH, TIMOTHY A.	Name	SULLIVAN, BRIAN
Address	1900 ST. JAMES PLACE SUITE 300	Address	1900 ST. JAMES PLACE SUITE 300
City-State-Zip:	HOUSTON TX 77056	City-State-Zip:	HOUSTON TX 77056
Title	VP	Title	COO
Name	SEMESCO, JAMES	Name	RENFROE, JOHN
Address	1900 ST. JAMES PLACE SUITE 300	Address	1900 ST. JAMES PLACE SUITE 300
City-State-Zip:	HOUSTON TX 77056	City-State-Zip:	HOUSTON TX 77056
Title	CHIEF SALES OFFICER	Title	CFO
Name	REICHERT, TOM	Name	CLARK, JUSTIN
Address	1900 ST. JAMES PLACE SUITE 300	Address	1900 ST. JAMES PLACE SUITE 300
City-State-Zip:	HOUSTON TX 77056	City-State-Zip:	HOUSTON TX 77056
Title	CEO		
Name	HAMILTON, WILLIAM MARK		
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: WILLIAM MARK HAMILTON

CEO

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date