

**2019 FOREIGN LIMITED LIABILITY COMPANY 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

**FILED**  
**Apr 05, 2019**  
**Secretary of State**  
**9056187496CC**

**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:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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            SEC VP & DIRECTOR OF ADMIN  
Name            GILMORE, DEB  
Address        1900 ST. JAMES PLACE  
                  SUITE 300  
City-State-Zip: HOUSTON TX 77056

Title            VP & DIRECTOR OF CEM OPS  
Name            TEAL, ALAN  
Address        1900 ST. JAMES PLACE  
                  SUITE 300  
City-State-Zip: HOUSTON TX 77056

Title            VP OF SALES  
Name            TAYLOR, DETLEF  
Address        1900 ST. JAMES PLACE  
                  SUITE 300  
City-State-Zip: HOUSTON TX 77056

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

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

Title            MEMBER  
Name            NORTHSTAR FUNERAL GROUP, LLC  
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: NORTHSTAR FUNERAL GROUP, LLC**

**MEMBER**

**04/05/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date