

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M06000007128

Entity Name: NORTHSTAR GRACELAND, 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: 20-8071989

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: MANAGER
Name: NORTHSTAR CEMETERY SERVICES OF FLORIDA, LLC
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: MANAGER, VP
Name: BIRCH, TIMOTHY A.
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

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

Title: VP
Name: RENFROE, JOHN
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: VP
Name: VILLATORO OROZCO, MARIA J
Address: 1900 ST. JAMES PLACE SUITE 300
City-State-Zip: HOUSTON TX 77056

Title: VP
Name: REICHERT, TOM
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: TIMOTHY A. BIRCH

MANAGER

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date