

**2020 FOREIGN LIMITED LIABILITY COMPANY 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:**

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

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

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

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

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

Title            MEMBER  
Name            NORTHSTAR CEMETERY SERVICES  
                  OF FLORIDA, 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 CEMETERY SERVICES OF FLORIDA, MEMBER  
                  LLC

04/22/2020

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

\_\_\_\_\_  
Date