

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007222

Entity Name: STONEMOR GP LLC**Current Principal Place of Business:**3600 HORIZON BLVD
SUITE 100
TREVOSE, PA 19053**Current Mailing Address:**3600 HORIZON BLVD
SUITE 100
TREVOSE, PA 19053 US**FEI Number:** 80-0103152**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	MGR
Name	MILLER, LAWRENCE
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	GRADY, PAUL
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	HELLMAN, ROBERT B. JR.
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	LAUTMAN, MARTIN R.
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	TALBOTT, FENTON R.
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	FREEDMAN, ALLEN R
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	CONTOS, JONATHAN
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

Title	MGR
Name	CARVER, HOWARD
Address	3600 HORIZON BLVD SUITE 100
City-State-Zip:	TREVOSE PA 19053

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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: FRANK MILLES**AUTHORIZED PERSON****01/15/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

Title MGR
Name POUND, LEO
Address 3600 HORIZON BLVD
SUITE 100
City-State-Zip: TREVOSE PA 19053

Title AUTHORIZED SIGNER
Name MILLES, FRANK
Address 3600 HORIZON BLVD
SUITE 100
City-State-Zip: TREVOSE PA 19053

Title MGR
Name SICK, ROBERT
Address 3600 HORIZON BLVD
SUITE 100
City-State-Zip: TREVOSE PA 19053