

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064018

Entity Name: SOUTHGATE SHOPPING CENTER, LLC

Current Principal Place of Business:

1551 ATLANTIC BLVD
SUITE 300
JACKSONVILLE, FL 32207

Current Mailing Address:

PO BOX 47050
JACKSONVILLE, FL 32247

FEI Number: 20-1555600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEMETREE, JR. J.C.
1551 ATLANTIC BLVD STE 300
JACKSONVILLE, FL 32207 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: J.C. DEMETREE, JR.

04/10/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------------|-----------------|-----------------------|
| Title | MGRPT | Title | VPSAT |
| Name | DEMETREE, JR., J.C. | Name | DEMETREE, MARK C. |
| Address | PO BOX 47050 | Address | PO BOX 47050 |
| City-State-Zip: | JACKSONVILLE FL 32247 | City-State-Zip: | JACKSONVILLE FL 32247 |
| | | | |
| Title | VPAS | Title | VPAS |
| Name | DEMETREE, CHRISTOPHER C. | Name | DUNN, M. HARRIS |
| Address | PO BOX 47050 | Address | PO BOX 47050 |
| City-State-Zip: | JACKSONVILLE FL 32247 | City-State-Zip: | JACKSONVILLE FL 32247 |

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: J.C. DEMETREE, JR.

PRESIDENT

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date