

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120854

**Entity Name:** SOUTH ATLANTIC FLORIDA, LLC

**Current Principal Place of Business:**

1907 SOUTH 17TH STREET, SUITE 2  
WILMINGTON, NC 28401

**Current Mailing Address:**

1907 SOUTH 17TH STREET, SUITE 2  
WILMINGTON, NC 28401 US

**FEI Number:** NOT APPLICABLE

**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 WOOLRIDGE, JEREMY D  
Address C/O JAMES M ISEMAN JR  
100 N CHERRY ST, STE 600  
City-State-Zip: WINSTON SALEM NC 27101

Title AUTHORIZED REPRESENTATIVE  
Name ISEMAN JR, JAMES M  
Address 100 N CHERRY ST  
SUITE 600  
City-State-Zip: WINSTON SALEM NC 27101

Title MANAGER  
Name JONATHAN, PARSONS D  
Address C/O JAMES M ISEMAN JR  
100 N CHERRY ST, STE 600  
City-State-Zip: WINSTON SALEM NC 27101

Title MANAGER  
Name MONROE, DAVID W  
Address 1907 S 17TH STREET, SUITE 2  
City-State-Zip: WILMINGTON NC 28401

Title MANAGER  
Name TERRY, VIOLET M  
Address 1907 S 17TH STREET, SUITE 2  
City-State-Zip: WILMINGTON NC 28401

*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:** JAMES M ISEMAN JR

**AUTHORIZED  
REPRESENTATIVE**

**01/24/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date