## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000044015

Entity Name: SELEM CENTER, LLC

**Current Principal Place of Business:** 

814 PONCE DE LEON BLVD., STE. 510

CORAL GABLES, FL 33134

**Current Mailing Address:** 

814 PONCE DE LEON BLVD STE 510 CORAL GABLES, FL 33134 US

FEI Number: 27-2430016 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SELEM, JOSEPH M.D. 814 PONCE DE LEON BLVD., STE. 510 CORAL GABLES, FL 33134 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

FILED Apr 11, 2018

**Secretary of State** 

CC2978692917

## Authorized Person(s) Detail:

Title MGRM

Name SELEM, JOSEPH MD

SIGNATURE: JOSEPH SELEM

Address 814 PONCE DE LEON BLVD., STE. 510

City-State-Zip: CORAL GABLES FL 33134

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.

Ρ

Electronic Signature of Signing Authorized Person(s) Detail

04/11/2018

Date