

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044015

**Entity Name:** THE 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

**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

**Authorized Person(s) Detail :**

Title MGRM  
Name SELEM, JOSEPH MD  
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.*

**SIGNATURE:** JOSEPH SELEM

MGRM

04/18/2014

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

\_\_\_\_\_ Date