

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90032 023 ****50.00

DOCUMENT # L05000071303

1. Entity Name
SELINA PLAZA, L.L.C.



Principal Place of Business
1209 QUEENS HARBOUR BLVD.
JACKSONVILLE, FL 32225

Mailing Address
1209 QUEENS HARBOUR BLVD.
JACKSONVILLE, FL 32225

20008678



2. Principal Place of Business - No P.O. Box #

782 Shipwatch Dr E

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007

Chg-LLC

CR2E083 (12/06)

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

72-1604491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRATT, DENNIS L
12276 SAN JOSE BLVD., SUITE #429
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ERGISI, DAVID
STREET ADDRESS 1209 QUEENS HARBOUR BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE MGRM ☐ Delete
NAME GULACAR, MEHMET
STREET ADDRESS 11436 LAUREL GREEN WAY N.
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 782 Shipwatch Dr E
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Dennis L. Pratt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-07 904-591-4300