

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90249 028 \*\*\*138.75

**DOCUMENT # L07000072286**

1. Entity Name  
**SELINA PLAZA EAST, LLC**



Principal Place of Business  
**1209 QUEENS HARBOUR BOULEVARD  
JACKSONVILLE, FL 32225**

Mailing Address  
**1209 QUEENS HARBOUR BOULEVARD  
JACKSONVILLE, FL 32225**

**60012954**



2. Principal Place of Business - No P.O. Box #  
**782 Shipwatch Drive East**

3. Mailing Address  
**782 Shipwatch Drive East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008 Chg-LLC CR2E083 (12/06)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number  
**71-1036030**

Applied For  
☐ Not Applicable

Zip **32225**

Country

Zip **32225**

Country

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  
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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make Check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ERGISI, DAVID M  
1209 QUEENS HARBOUR BOULEVARD  
JACKSONVILLE, FL 32225**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
ERGISI, DAVID M  
782 SHIPWATCH DRIVE EAST  
JACKSONVILLE, FL 32225**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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:**

*David M. Ergisi*

**2-2-08 904-982-0101**

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

Date

Daytime Phone #