## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028500

Entity Name: CENTER PROPERTIES, LLC

**Current Principal Place of Business:** 

6800 W UNIVERSITY AVE GAINESVILLE. FL 32607

**Current Mailing Address:** 

4826 SW 95TH TERRACE GAINESVILLE, FL 32608 US

FEI Number: 59-2544730 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOFORTH, SALLY C 4826 SW 95TH TERRACE GAINESVILLE, FL 32608 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 Jan 08, 2014

**Secretary of State** 

CC3933944478

Authorized Person(s) Detail:

Title MGR Title SECRETARY

Name GOFORTH, SALLY C Name GILES, BENJAMIN E.

Address 4826 SOUTHWEST 95TH TERRACE Address 6304 BRIDGECREST DRIVE

City-State-Zip: GAINESVILLE FL 32608 City-State-Zip: LITHIA FL 33547

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: SALLY GOFORTH

Electronic Signature of Signing Authorized Person(s) Detail

OWNER / MANAGER 01/08/2014

Date