

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000131307

**Entity Name:** SALEM CENTRE, LLC

**Current Principal Place of Business:**

7235 BONNEVAL ROAD  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

3780 WILL SCARLET ROAD  
WINSTON-SALEM, NC 27104 US

**FEI Number:** 46-1261331

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EPPERSON, STUART W  
1407 PONTE VEDRA BLVD  
PONTE VEDRA BEACH, FL 32082 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 MGR  
Name EPPERSON, STUART W  
Address 7235 BONNEVAL ROAD  
City-State-Zip: JACKSONVILLE FL 32256

*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:** STUART EPPERSON

MANAGER

02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date