

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000469501

**Entity Name:** SALEM6185 LLC

**Current Principal Place of Business:**

12621 MISSION HILLS CIR S  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12621 MISSION HILLS CIR S  
JACKSONVILLE, FL 32225

**FEI Number:** 99-2291392

**Certificate of Status Desired:** No

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

MAKHLOUF, SALEM  
12621 MISSION HILLS CIR S  
JACKSONVILLE, FL 32225 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            AMBR  
Name            MAKHLOUF, SALEM  
Address        12621MISSION HILLS CIR S  
City-State-Zip: JACKSONVILLE FL 32225

*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:** SALEM MAKHLOUF

ONWER

02/08/2025

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

\_\_\_\_\_  
Date