

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

08-22-2005 90188 030 ****50.00

DOCUMENT # M04000002407 1. Entity Name NAUTILUS FINANCIAL SECURITY, LLC					
Principal Place of Business 601 CLEVELAND ST., SUITE #320 CLEARWATER, FL 33755			Mailing Address 601 CLEVELAND ST., SUITE #320 CLEARWATER, FL 33755		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 35-2221422				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RIGG, H. JOHN 601 CLEVELAND ST., SUITE #320 CLEARWATER, FL 33755			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 reappointing)					
Filing Fee is \$90.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGG, H. JOHN 601 CLEVELAND ST., #320 CLEARWATER, FL 33755 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 806, Florida Statutes.					
SIGNATURE:		H. John Rigg		8/12/15	727-461-2100
SIGNATURE AND TITLE ON PRINTED FORM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					