

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90232 043 ****50.00

DOCUMENT # L02000027005

1. Entity Name

NAUTILUS ASSOCIATION MANAGEMENT, LLC



Principal Place of Business

4623 NW 53RD AVENUE
GAINESVILLE FL 32606

Mailing Address

4623 NW 53RD AVENUE
GAINESVILLE FL 32606

2. Principal Place of Business

4623 NW 53 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Gainesville

Suite, Apt. #, etc.

//

City & State

FL

City & State

//

Zip

32606

Country

USA

Zip

//

Country

//

4. FEI Number

01-0803174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KARAHALIOS, MICHELE-RENEE
4623 NW 53RD AVENUE
GAINESVILLE FL 32606

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

M. Karahalios

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KARAHALIOS, EFSTATHIAS
STREET ADDRESS 4623 NW 53 AVE.
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE MGRM ☐ Delete
NAME KARAHALIOS, MICHELE-RENEE
STREET ADDRESS 4623 NW 53 AVENUE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME Karahalios, Efsthios
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: M. Karahalios

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

1/22/04 352 375 3330

Date

Daytime Phone #