

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

4/2

04-24-2003 90043 040 ****50.00

DOCUMENT # L02000027005

1. Entity Name

NAUTILUS ASSOCIATION MANAGEMENT, LLC



Principal Place of Business

Mailing Address

**4623 NW 53RD AVENUE
GAINESVILLE FL 32606**

**4623 NW 53RD AVENUE
GAINESVILLE FL 32606**

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MM** ☐ Delete
NAME **Efstathios Karahalios**
STREET ADDRESS **4623 N.W. 53rd Avenue**
CITY-ST-ZIP **Gainesville, FL 32606**

TITLE **MM** ☐ Delete
NAME **Michele-Renee Karahalios**
STREET ADDRESS **4623 N.W. 53rd 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 **MM** ☐ Change ☐ Addition
NAME **Efstathios Karahalios**
STREET ADDRESS **4623 NW 53 Ave**
CITY-ST-ZIP **Gainesville FL 32606**

TITLE **MM** ☐ Change ☐ Addition
NAME **Michele-Renee Karahalios**
STREET ADDRESS **4623 NW 53 Avenue**
CITY-ST-ZIP **Gainesville FL 32606**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **Michele Karahalios**

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

4/22/03 352.375.3330

Date

Daytime Phone #

CR2503