

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90034 005 ****50.00

DOCUMENT # L04000075466

1. Entity Name

C & D NAUTILUS PROPERTIES, LLC



Principal Place of Business

13596 154TH PLACE NORTH
JUPITER FARMS FL 33478
US

Mailing Address

13596 154TH PLACE NORTH
JUPITER FARMS FL 33478
US

2. Principal Place of Business - No P.O. Box #

56 Towering Views Dr.

3. Mailing Address

56 Towering Views Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leicester, NC

City & State

Leicester, NC

Zip

28748

Country

Buncombe

Zip

28748

Country

Buncombe

4. FEI Number

20-1761551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNDMACHER, CHARLES T
13596 154TH PLACE NORTH
JUPITER FARMS FL 33478

7. Name and Address of New Registered Agent

Name

Linda Klimeika

Street Address (P.O. Box Number is Not Acceptable)

428 Greenbriar Dr.

City

Lake Park

FL

Zip Code

33403

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

Linda Klimeika

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

(NOTE: Registered Agent signature required when reinstating)

3/29/07

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: SUNDMACHER, CHARLES T
STREET ADDRESS: 13596 154TH PLACE NORTH
CITY ST ZIP: JUPITER FARMS FL 33478 ☐ Delete

TITLE: MGRM
NAME: MICHAELS, DARYL
STREET ADDRESS: 13596 154TH PLACE NORTH
CITY ST ZIP: JUPITER FARMS FL 33478 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
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NAME:
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CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

10. ADDITIONS/CHANGES

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 exemptions contained in Section 119, 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:

Charles Sundmacher

4-15-07

561-779-8263

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

Date

Daytime Phone #