

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082499

Entity Name: NAUTICA CONSULTANTS, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

8421 BAYMEADOWS WAY, STE#1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

645 W JOHNS CREEK PKWY  
SAINT AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 26-0699025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TEA, AMIDA J  
645 W JOHNS CREEK PKWY  
SAINT AUGUSTINE, FL 32092 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TEA, AMIDA J  
Address: 645 W JOHNS CREEK PKWY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM ( ) Delete  
Name: BOTOLINO, GREGORY J  
Address: 645 W JOHNS CREEK PKWY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BOTOLINO, GREGORY J  
Address: 645 W JOHNS CREEK PKWY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM (X) Change ( ) Addition  
Name: TEA, AMIDA J  
Address: 645 W JOHNS CREEK PKWY  
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: AMIDA TEA

MGRM

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date