

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000073140

FILED
Sep 18, 2012
Secretary of State

Entity Name: KOULIAS PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

1518 US HWY 19
SUITE B
HOLIDAY, FL 34691 US

New Principal Place of Business:

1518 US HWY 19
HOLIDAY, FL 34691 US

Current Mailing Address:

1518 US HWY 19
SUITE B
HOLIDAY, FL 34691 US

New Mailing Address:

1518 US HWY 19
HOLIDAY, FL 34691 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOULIAS, JOHN S
1518 US HWY 19
SUITE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

KOULIAS, JOHN S
1518 US HWY 19
HOLIDAY, FL 34691 US

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

09/18/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KOULIAS, JOHN S
Address: 1518 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR
Name: KOULIAS, ROBERT C
Address: 5307 FLORA AVE
City-St-Zip: HOLIDAY, FL 34690 US

Title: MGR
Name: KOULIAS, CHRISTIAN N
Address: 1518 US HWY 19 SUITE B
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR
Name: KOULIAS, JASON M
Address: 5527 MOSAIC DR
City-St-Zip: HOLIDAY, FL 34690 US

Title: MGR
Name: KOULIAS, STEPHEN R
Address: 1518 US HWY 19
City-St-Zip: HOLIDAY, FL 34691

Title: MGR
Name: KOULIAS, DOLLY J
Address: 1518 US HWY 19
City-St-Zip: HOLIDAY, FL 34691 US

I hereby 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: DOLLY KOULIAS

MGR

09/18/2012

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