

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004290

**Entity Name:** NALBANDIAN PROPERTIES, LLC**Current Principal Place of Business:**2627 NW 43RD STREET  
SUITE 300  
GAINESVILLE, FL 32606**Current Mailing Address:**2627 NW 43RD STREET  
SUITE 300  
GAINESVILLE, FL 32606 US**FEI Number:** 59-3705487**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THUR DE KOOS, ZABEL  
2627 NW 43RD STREET  
SUITE 300  
GAINESVILLE, FL 32606 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:** ZABEL THUR DE KOOS

04/23/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                  |
|-----------------|----------------------------------|
| Title           | MGR                              |
| Name            | NALBANDIAN, ROPEN                |
| Address         | 2627 NW 43RD STREET<br>SUITE 300 |
| City-State-Zip: | GAINESVILLE FL 32606             |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | MGRM                             |
| Name            | THUR DE KOOS, ZABEL              |
| Address         | 2627 NW 43RD STREET<br>SUITE 300 |
| City-State-Zip: | GAINESVILLE FL 32606             |

|                 |                                  |
|-----------------|----------------------------------|
| Title           | COO                              |
| Name            | THUR DE KOOS, PAUL               |
| Address         | 2627 NW 43RD STREET<br>SUITE 300 |
| City-State-Zip: | GAINESVILLE FL 32606             |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ZABEL THUR DE KOOS

MGRM

04/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date