Current Mail	ing Address:					
2104 THOM PANAMA CI	AS DRIVE TY BEACH, FL 32408 US					
FEI Number: 46-0616563			Certificate of Status Desired: No			
Name and Address of Current Registered Agent:						
SMOKER, JASC 2104 THOMAS PANAMA CITY						
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	JASON SMOKER		0	1/30/2024		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	MANAGING MEMBER	Title	MANAGING MEMBER			
Name	MCCALL, CHRIS	Name	SMOKER, JASON			
Address	2104 THOMAS DRIVE	Address	2104 THOMAS DRIVE			
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 32408			
Title	MANAGING MEMBER	Title	MANAGING MEMBER			
Name	BHOJWANI, JAY	Name	LITTLETON, JR, JOE M.			
Address	2104 THOMAS DRIVE	Address	2104 THOMAS DRIVE			
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 32408			
Title	MANAGING MEMBER	Title	AMBR			
Name	SMOKER, GREG	Name	JI, HOON B			
Address	2104 THOMAS DRIVE	Address	2104 THOMAS DRIVE			
City-State-Zip:	PANAMA CITY BEACH FL 32408	City-State-Zip:	PANAMA CITY BEACH FL 32408			
Title	AMBR					
Name	STEVE COUNTS & AMY COUNTS					
Address	2104 THOMAS DRIVE					
City-State-Zip:	PANAMA CITY BEACH FL 32408					

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000092140

Entity Name: NAUTILUS CENTER, LLC

Current Principal Place of Business:

2104 THOMAS DRIVE PANAMA CITY BEACH, FL 32408

Current Mailing Address:

FILED Jan 30, 2024 **Secretary of State** 0406820868CC

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: JASON	MANAGER	01/30/2024
Electronic Signature of Signing Authorized Person(s)	Detail	Date