

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106832

**Entity Name:** NCS MARKETING SERVICES, LLC**Current Principal Place of Business:**1929 ALLEN PARKWAY  
HOUSTON, TX 77019**Current Mailing Address:**1929 ALLEN PARKWAY  
TAX DEPT 9TH FL  
HOUSTON, TX 77019 US**FEI Number:** 45-3536474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE SERVICE COMPANY  
1201 HAYS ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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

Date

**Authorized Person(s) Detail :**

Title	VP, ASST. SECRETARY	Title	VP
Name	SPILDE, LORI E	Name	JONES, ANASTHASIA C
Address	1929 ALLEN PARKWAY TAX DEPT 9TH FL	Address	1929 ALLEN PARKWAY TAX DEPT 9TH FL
City-State-Zip:	HOUSTON TX 77019	City-State-Zip:	HOUSTON TX 77019
Title	PRESIDENT, MANAGER, SECRETARY	Title	MANAGER, TREASURER
Name	NICHOLSON, TIM	Name	SOBCZAK, GARY
Address	1250 S PINE ISLAND RD 5TH FLOOR	Address	1250 PINE ISLAND RD 5TH FLOOR
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324

*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:** ANASTHASIA C JONES**VICE PRESIDENT****04/11/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date