

**2021 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, TREASURER  
Name TRIESCH, MICHAEL G  
Address 1929 ALLEN PARKWAY  
City-State-Zip: HOUSTON TX 77019

Title VP  
Name JONES, ANASTHASIA C  
Address 1929 ALLEN PARKWAY  
TAX DEPT 9TH FL  
City-State-Zip: HOUSTON TX 77019

Title PRESIDENT, MANAGER  
Name NICHOLSON, TIM  
Address 1250 S PINE ISLAND RD  
5TH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title MANAGER, TREASURER  
Name SOBCZAK, GARY  
Address 1250 PINE ISLAND RD  
5TH FLOOR  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name KEY, JANET S  
Address 1929 ALLEN PARKWAY  
TAX DEPT 9TH FL  
City-State-Zip: HOUSTON TX 77019

*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: MICHAEL G TRIESCH****TREASURER****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date