**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 12, 2017**
**Secretary of State**
**CC7946777319**

DOCUMENT# L15000053607

**Entity Name:** N COMPANY, LLC

**Current Principal Place of Business:**

405 S. DALE MABRY HWY.
343
TAMPA, FL 33609

**Current Mailing Address:**

405 S. DALE MABRY HWY.
343
TAMPA, FL 33609 US

**FEI Number: 81-1311392**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NALLS, RYAN
405 S. DALE MABRY HWY.
343
TAMPA, FL 33609 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 | MGR | Title | MGR |
| Name | NALLS, RYAN | Name | NALLS, STEVEN PAUL |
| Address | 405 S. DALE MABRY HWY.<br>343 | Address | 405 S. DALE MABRY HWY.<br>343 |
| City-State-Zip: | TAMPA FL 33609 | City-State-Zip: | TAMPA FL 33609 |

*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: STEVEN NALLS PARTNER 01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date