

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000169467

**Entity Name:** NCT-152, LLC.

**Current Principal Place of Business:**

11625 RAINWATER DRIVE  
SUITE 500  
ALPHARETTA, GA 30009-8678

**Current Mailing Address:**

PO BOX 524  
ALPHARETTA, GA 30009-0524 US

**FEI Number:** 83-3066562

**Certificate of Status Desired:** No

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

NCF CORPORATION  
1901 ULMERTON ROAD  
SUITE 400  
CLEARWATER, FL 33762 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 MEMBER  
Name S8 IMPACT FOUNDATION  
Address PO BOX 524  
City-State-Zip: ALPHARETTA GA 30009-0524

Title MANAGER  
Name SYVERSEN, JASON M  
Address PO BOX 524  
City-State-Zip: ALPHARETTA GA 30009-0524

*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:** DANA E. RING

**TRUSTEE**

**04/29/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date