

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000149919

Entity Name: NC LAR LLC**Current Principal Place of Business:**659 AIRMONT AVE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**659 AIRMONT AVE
ALTAMONTE SPRINGS, FL 32714 US**FEI Number:** 38-4087872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MENEGHETTI, NIVALDO
659 AIRMONT AVE
ALTAMONTE SPRINGS, FL 32714 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
Name	MENEGHETTI, NIVALDO
Address	DORRABAY TOWER 1705 POBOX 487630
City-State-Zip:	DUBAI AE 00000

Title	MGR
Name	RIBAS P MENEGHETTI, CLARISSE
Address	DORRABAY TOWER 1705 POBOX 487630
City-State-Zip:	DUBAI AE 00000

Title	MGR
Name	MENEGHETTI AMODEO, AMANDA
Address	DORRABAY TOWER 1705 POBOX 487630
City-State-Zip:	DUBAI AE 00000

Title	MGR
Name	PEREIRA MENEGHETTI, RAFAEL
Address	DORRABAY TOWER 1705 POBOX 487630
City-State-Zip:	DUBAI AE 00000

Title	MGR
Name	PEREIRA MENEGHETTI, LEANDRO
Address	DORRABAY TOWER 1705 POBOX 487630
City-State-Zip:	DUBAI AE 00000

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: MENEGHETTI , NIVALDO

MGR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail_____
Date