2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
4743965057CC

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Entity Name: NC CABINS LLC

Current Principal Place of Business:

10809 SW 41ST TER
OCALA, FL 34476

Current Mailing Address:

10809 SW 41ST TER
OCALA, FL 34476 US

FEI Number: 86-1058658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, MICHAEL W
10809 SW 41ST TER
OCALA, FL 34476 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	AMBR	Title	AMBR
Name	WALKER, MICHAEL W	Name	CONLIN, MARTIN
Address	10809 SW 41ST TER	Address	2639 PINEAPPLE AVE
City-State-Zip:	OCALA FL 34476	City-State-Zip:	MELBOURNE FL 32935

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: MARTIN CONLIN AMBR 02/06/2025

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