

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90214 009 ****50.00

DOCUMENT # L00000013077

1. Entity Name
NC SOLUTIONS LLC



Principal Place of Business
1814 COLONIAL DR.
GREEN COVE SPRINGS, FL 32043

Mailing Address
1814 COLONIAL DR.
GREEN COVE SPRINGS, FL 32043

20031742



01172005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3684925

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Louise D. Sabotin 32043
1814 COLONIAL DR. GREEN COVE SP. FL

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Louise D. Sabotin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SABOTIN, JOSEPH J
1814 COLONIAL DR.
GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GOODMAN, BARRY
4117 HILLSBORO PIKE
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joseph J. Sabotin *Joseph J. Sabotin* *4-6-05* *904 284 7369*