

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

150.00
9-15-06

DOCUMENT # L00000013077

1. Entity Name

NC SOLUTIONS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 14 AM 9:33

Principal Place of Business

1814 COLONIAL DR.
GREEN COVE SPRINGS FL 32043
718 Spanish Drive North
Longboat Key, FLA 34228

Mailing Address

1814 COLONIAL DR.
GREEN COVE SPRINGS FL 32043
718 Spanish Drive North
Longboat Key, FLA 34228



2. Principal Place of Business

3. Mailing Address

256 Seaboard Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8-105

2nd MOORE

CR2E083 (4/06)

City & State

City & State

Franklin, Tenn.

4. FEI Number

59-3684925

Applied For

Not Applicable

Zip

Country

Zip

37067

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABORIAN, LOUISE D
1814 COLONIAL DR.
GREEN COVE SPRINGS FL 32043
718 Spanish Drive North
Longboat Key, FLA.
34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Saborian

(NOTE: Registered Agent signature required when reinstating)

9/1/06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SABOTIN, JOSEPH J	
STREET ADDRESS	1814 COLONIAL DR.	
CITY - ST - ZIP	718 Spanish Drive North GREEN COVE SPRINGS FL 32043 Longboat Key, FLA	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOODMAN, BARRY	
STREET ADDRESS	4117 HILLSBORO PIKE	
CITY - ST - ZIP	256 Seaboard Lane NASHVILLE TN 37215 8-125 Franklin, Tenn 37067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200080824042
CITY - ST - ZIP	10/13/06--01033--018 **\$50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	200080824042
CITY - ST - ZIP	11/15/06--01063--014 **\$100.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Barry Goodman

7/1/06

645

778-0046

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

Date

Daytime Phone #