

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 12 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006289

1. Entity Name
NCS & ASSOCIATES, L.L.C.



Principal Place of Business
6970 WALLIS RD., 1-B
WEST PALM BEACH, FL 33413

Mailing Address
PO BOX 19803
WEST PALM BEACH, FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072004

Chg-LLC

CR2E083 (10/03)

5/12

4. FEI Number
65-1095991

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQ.
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name
J. Terry Gelsomino

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

6970 Wallis Rd # 1-C

City West Palm Beach FL Zip Code 33413

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

J.T. GELSOMINO

(NOTE: Registered Agent signature required when reinstating)

4/24/04

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GELSOMINO, J. TERRY
STREET ADDRESS PO BOX 19803
CITY-ST-ZIP WPB, FL 33416 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700036079297
05/12/04--01013--004 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]* J.T. GELSOMINO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/04 561-687-8504
Date Daytime Phone #