

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90019 007 *****50.00

0031896

DOCUMENT # L01000010937

1. Entity Name
N.C.H., LLC.



Principal Place of Business
**ONE NORTH BREAKERS ROW #224
PALM BEACH FL 33480**

Mailing Address
**ONE NORTH BREAKERS ROW #224
PALM BEACH FL 33480**

2. Principal Place of Business
171 EL PUEBLO WAY
Suite, Apt. #, etc.

3. Mailing Address
171 EL PUEBLO WAY
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH, FL
Zip
33480
Country
USA

City & State
PALM BEACH, FL
Zip
33480
Country
USA

4. FEI Number **65-1115645**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOUSE, NADINE C
ONE NORTH BREAKERS ROW #224
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name
HOUSE, NADINE C
Street Address (P.O. Box Number is Not Acceptable)
171 EL PUEBLO WAY
City
PALM BEACH FL Zip Code
33480

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 *Nadine C House*
Signature, typed or printed name of registered agent and title if applicable.

3/29/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUSE, NADINE C ONE NORTH BREAKERS ROW #224 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOUSE, NADINE C 171 EL PUEBLO WAY PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nadine C House*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mar 28, 03
Date

Daytime Phone #

CR2E083 (10/02)