

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90029 015 ****55.00

DOCUMENT # L02000031584

1. Entity Name

NCT INVESTMENTS, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

811 E. MAIN STREET

3. Mailing Address

P.O. BOX 1076

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-1825455

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33802-1076

Country

USA

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID M. TOUCHTON

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

811 E. MAIN STREET

City

LAKELAND

FL

Zip Code

33802-1076

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MANAGING MEMBER	DAVID M. TOUCHTON	811 E. MAIN STREET	LAKELAND, FL 33801
MEMBER	CHARLES T. NUNEZ	811 E. MAIN STREET	LAKELAND, FL 33801

**DO NOT WRITE
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: DAVID M. TOUCHTON, MANAGING MEMBER

3/17/03

(863) 683-6783

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

Date

Daytime Phone #

CR2E083B (12/02)