

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012215

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: NCT FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

811 E MAIN ST  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

811 E MAIN ST  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 20-0756401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMORIELLO, NICHOLAS J  
1525 INTERNATIONAL PKWY STE 2071  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THE LAMCO GROUP, INC,  
Address: 300 PRIMERA BLVD, STE. 164  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM ( ) Delete  
Name: THE NCT GROUP, CPA'S, , LLP  
Address: 811 EAST MAIN STREET  
City-St-Zip: LAKELAND, FL 33801

Title: MGRM ( ) Delete  
Name: CARTER, MICHAEL E  
Address: 811 EAST MAIN STREET  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL E CARTER

MGRM

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date