


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 MAR 25 AM 0:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT 2013-2016



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000012215

1. Limited Liability Company's Name
NCT FINANCIAL SERVICES LLC

2. Principal Office Address - No P.O. Box # 141 AVENUE C SW		3. Mailing Office Address 141 AVENUE C SW	
Suite, Apt. #, etc. SUITE 160		Suite, Apt. #, etc. SUITE 160	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33880	Country United States	Zip 33880	Country United States

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA, UNITED STATES

5. Date Organized or Qualified To Do Business in Florida 1/1/2004

6. FEI Number 20-0756401 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
Gray, John H., Jr.

Street Address (P.O. Box Number is Not Acceptable) Suite,
141 Avenue C SW, Suite 160

Apt. #, Etc.

City
Winter Haven

State
FL

Zip Code
33880

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03/25/16--01035--014 **655.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *John H. Gray, Jr.* Date 3/21/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Lamco Advisory Services, Inc.	1525 International Parkway, Suite 2071	Lake Mary, FL 32746
MGRM	NCT Group CPA's LLP	141 Avenue C SW, Suite 160	Winter Haven, FL 33880

11. E-mail Address: jay.gray@clacconnect.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *John H. Gray, Jr.* Date 3/21/16 Daytime Phone # _____

Typed or printed name of signing authorized representative/member JOHN H. GRAY, JR. CPA