

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000012378

Entity Name: NCAS, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

FEI Number: 20-0734900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOCKE, N A JR.  
15921 SW 14TH STREET  
PEMBROKE PINES, FL 33027 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: MEMB  
Name: LOCKE, CHERYL D  
Address: 4301 ROCK SPRINGS DRIVE  
City-St-Zip: PLANO, TX 75024 US

Title: MGRM  
Name: LOCKE, NELSON  
Address: 15921 SW 14TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: MEMB  
Name: LOCKE, ALEX D  
Address: 4301 ROCK SPRINGS DRIVE  
City-St-Zip: PLANO, TX 75023 US

Title: MEMB  
Name: LOCKE, SAMANTHA  
Address: 4301 ROCK SPRINGS DRIVE  
City-St-Zip: PLANO, TX 75023 US

I hereby 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: N. LOCKE

MGM

02/16/2010

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