

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000060095

FILED
Sep 01, 2006
Secretary of State**Entity Name:** NCS, LLC**Current Principal Place of Business:**6244 SPRINGER DRIVE
PORT RICHEY, FL 34668**New Principal Place of Business:**2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33543**Current Mailing Address:**6244 SPRINGER DRIVE
PORT RICHEY, FL 34668**New Mailing Address:**2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33543**FEI Number:** 20-1623622**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SAUNDERS, NICOLE B
6244 SPRINGER DRIVE
PORT RICHEY, FL 34668 US**Name and Address of New Registered Agent:**SAUNDERS, NICOLE B
2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33543 US

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: NICOLE B SAUNDERS

09/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: BUCK, DONALD A JR
Address: 293 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688**Title:** MGRM () Delete
Name: SAUNDERS, NICOLE B
Address: 5240 WELLFIELD ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655**ADDITIONS/CHANGES:****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 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: NICOLE B SAUNDERS

MGRM

09/01/2006

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