

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L05000121215

1. Entity Name
NCMS, LLC



Principal Place of Business

2862 W. MAIN ST.
BUILDING 1
LEESBURG, FL 34748

Mailing Address

PO BOX 490210
LEESBURG, FL 34749

DO NOT WRITE IN THIS SPACE



04102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-4840227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, WILLIAM
5 CIRCLE OAKS TRAIL
ORMOND BEACH, FL 32174

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000896159
04/24/08-80096-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
EURIBE & SONS, LLC
13940 HWY 441-BLDG 300,STE 503
LADY LAKE, FL 32159

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ULSETH, ROBERT
131 SOUTH CITRUS BLVD
INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
JONES, WILLIAM S
5 CIRCLE OAKS TRAIL
ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

William S. Jones, Mgr.

4/10/08

Date

(386)676-0999

Daytime Phone #