

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034290

Entity Name: NCRM II, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

RICHARD MAZLIN
7085 NW 84TH AVE
PARKLAND, FL 33076

New Principal Place of Business:

RICHARD MAZLIN
7085 NW 84TH AVE
PARKLAND, FL 33067

Current Mailing Address:

RICHARD MAZLIN
7085 NW 84TH AVE
PARKLAND, FL 33076

New Mailing Address:

RICHARD MAZLIN
7085 NW 84TH AVE
PARKLAND, FL 33067

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZLIN, RICHARD
7085 NW 84TH AVE
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

MAZLIN, RICHARD
7085 NW 84TH AVE
PARKLAND, FL 33067 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAZLIN, RICHARD
Address: 7085 NW 84TH AVE
City-St-Zip: PARKLAND, FL 33076

Title: MGRM () Delete
Name: MAZLIN, MYRA
Address: 7085 NW 84TH AVE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAZLIN, RICHARD
Address: 7085 NW 84TH AVE
City-St-Zip: PARKLAND, FL 33067

Title: MGRM (X) Change () Addition
Name: MAZLIN, MYRA
Address: 7085 NW 84TH AVE
City-St-Zip: PARKLAND, FL 33067

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: RICHARD MAZLIN

PRES

03/20/2009

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