

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000120317

Entity Name: NCT-117, LLC

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1408 NORTH WEST SHORE BLVD, STE 504  
TAMPA, FL 336222774

**New Principal Place of Business:**

**Current Mailing Address:**

1408 NORTH WEST SHORE BLVD, STE 504  
TAMPA, FL 336222774

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

NCF CORPORATION  
1408 NORTH WEST SHORE BLVD, STE 504  
TAMPA, FL 336222774 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: MANA  
Name: COLLINS, ROBERT G MANAGER  
Address: 1408 NORTH WEST SHORE BLVD #504  
City-St-Zip: TAMPA, FL 33622

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: ROBERT G COLLINS

MANA

04/09/2010

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