

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90038 027 ****50.00

DOCUMENT # **L98000002135**

1. Entity Name

NC HOLDING, LLC

DO NOT WRITE IN THIS SPACE

951674

2. Principal Place of Business

1109 OKEECHOBEE ROAD

Suite, Apt. #, etc.

SUITE 11

3. Mailing Address

1109 OKEECHOBEE ROAD

Suite, Apt. #, etc.

SUITE 11

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0874286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TRU NGUYEN

Street Address (P.O. Box Number is Not Acceptable)

258 BENT OAK CIRCLE

City

ROYAL PALM BEACH, FL

Zip Code

33411

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRU NGUYEN 258 BENT OAK CIRCLE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIAN BETRON 480 GLEN BROOK DRIVE LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES POOLE 2415 GABRIEL LANE WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARL ADLER 1700 NE 26th ST; SUITE 4 FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN BIGGIE 3041 NE 48th ST. LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYDIA BIGGIE 3041 NE 48th ST. LIGHTHOUSE POINT, FL 33064

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/2/02

CR2E083B (12/01)