

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M08000001980

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** NCOURT LLC

**Current Principal Place of Business:**

500 E 85TH ST - APT 11H  
NEW YORK, NY 10028

**New Principal Place of Business:**

500 E 85TH ST  
APT 11H  
NEW YORK, NY 10028

**Current Mailing Address:**

500 E 85TH ST - APT 11H  
NEW YORK, NY 10028

**New Mailing Address:**

500 E 85TH ST  
APT 11H  
NEW YORK, NY 10028

**FEI Number:** 38-3655279      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: BUSINESS FILINGS INCORPORATED

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: GAROFALO, RICHARD  
Address: 104 SPRINGFIELD CENTER DR - STE 112  
City-St-Zip: WOODSTOCK, GA 30188

Title: MGRM (X) Change ( ) Addition  
Name: MORRIS, DAVID  
Address: 12119 PATCH QUILT LANE  
City-St-Zip: BOWIE, MD 20720

Title: MGRM ( ) Delete  
Name: LEVINE, ROBERT  
Address: 500 E 85TH ST - APT 11H  
City-St-Zip: NEW YORK, NY 10028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT J. LEVINE

MGR

10/15/2009

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