

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG -3 PM 3:23

FILING FEE
\$ 588.75
Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M96000000253

NCP REALTY, L.L.C.
~~2-ETHEL DRIVE~~ PO Box 9153
~~NEW CITY NY 10956~~ Bardonia, NY 10954

1a. Principal Place of Business Address

~~2-ETHEL DRIVE~~ PO Box 9153
~~NEW CITY NY 10956~~
Bardonia, NY, 10954

2. Principal Place of Business

176 Rte 304
Suite, Apt. #, etc.

City & State

Bardonia NY
Zip 10954 Country USA

2a. Mailing Address

PO Box 9153
Suite, Apt. #, etc.

City & State

Bardonia NY
Zip 10954 Country USA

3. Date Organized or Qualified

07/08/1996

3a. State of Formation

NY

4. FEI Number

13-6245096

☐ Applied For

☐ Not Applicable

5. Date of Last Report

03/31/1997

6. Certificate of Status Desired

\$8.75 Adon and Fee Required ☐

7. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(If Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BADAMI, NICK F	2 ETHEL DRIVE	NEW CITY NY
MGRM	BADAMI, RITA	2 ETHEL DRIVE	NEW CITY NY

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****188.75: ****188.79

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Nick F. Badami Nick Badami 7/31/98 623-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2

NCP REALTY, LLC

176 Rte 304 P.O. Box 9153 Bardonia, NY 10954
Phone: 914-623-8922 Fax: 914-627-3710

July 22, 1998

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

To Whom it may Concern:

As per a phone conversation with your office this morning, I am advising you in writing that we never received the original notice for the filing fee for the Limited Liability Company Annual Report for 1998.

Please note the change of address on the form.

A check for the original amount of \$188.75 is enclosed as the late fee has been waived.

Thank you for your help in resolving this matter.

Very truly yours,



Susie Fehrman
Office Manager

encls.