## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123053

Entity Name: NCT-124, LLC

**Current Principal Place of Business:** 

707 NORTH FRANKLIN STREET SUITE 800

TAMPA, FL 33602

**Current Mailing Address:** 

707 NORTH FRANKLIN STREET SUITE 800 TAMPA, FL 33602 US

**FEI Number: NOT APPLICABLE** 

Certificate of Status Desired: No

**FILED** Apr 11, 2017

**Secretary of State** 

CC7957775023

Name and Address of Current Registered Agent:

NCF CORPORATION 707 NORTH FRANKLIN STREET SUITE TAMPA, FL 33602 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **MANAGER** Title AUTHORIZED REPRESENTATIVE

Name THE MEDALLION GROUP, LLC Name EDGE, LAWRENCE L

C/O NCFRP C/O NCFRP Address Address

P. O. BOX 524 P. O. BOX 524

City-State-Zip: ALPHARETTA GA 30009 City-State-Zip: ALPHARETTA GA 30009

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE L EDGE

**AUTHORIZED** REPRESENTATIVE 04/11/2017