

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000066945

Entity Name: NCME, LLC

Current Principal Place of Business:

2 QUARTERHORSE DR
ELLINGTON, CT 06029

Current Mailing Address:

2 QUARTERHORSE DR
ELLINGTON, CT 06029 US

FEI Number: 30-0634525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEW WEST, LLC
415 LOCHMOND DR
FERN PARK, FL 32730 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: MATRHEW WEST LLC

01/06/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name THEOCLES, CRYSTAL
Address 2 QUARTERHORSE DR
City-State-Zip: ELLINGTON CT 06029

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: CRYSTAL THEOCLES

SOLE MEMBER

01/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date