

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000204658

**Entity Name:** NCC515, LLC

**Current Principal Place of Business:**

3443 N. GULF SHORES BLVD  
UNIT 515  
NAPLES, FL 34103

**Current Mailing Address:**

PO BOX 1340  
OKEMOS, MI 48805 US

**FEI Number:** 81-0790913

**Certificate of Status Desired:** Yes

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

WEICHMAN, DOUGLAS J  
1961 SW 65 DRIVE  
GAINESVILLE, FL 32607 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:** DOUGLAS J. WEICHMAN

01/05/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	WEICHMAN, JAMIE A	Name	JANET J. BOBIT REVOCABLE TRUST
Address	PO BOX 1340	Address	414 BEACON STREET
City-State-Zip:	OKEMOS MI 48805	City-State-Zip:	BOSTON MA 05115

*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:** JAMIE WEICHMAN

MANAGER

01/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date