

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000355254

**Entity Name:** 141 NCMD LLC

**Current Principal Place of Business:**

6659 STOW ROAD  
HUDSON, OH 44236

**Current Mailing Address:**

6659 STOW ROAD  
HUDSON, OH 44236

**FEI Number:** 87-2050075

**Certificate of Status Desired:** No

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

HAGEN, MICHAEL S  
5290 SUMMERLIN COMMONS WAY  
STE. 1003  
FORT MYERS, FL 33907 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	AMBR	Title	AMBR
Name	COWEN, JAMES J	Name	COWEN, LESLIE
Address	6559 STOW ROAD	Address	6559 STOW ROAD
City-State-Zip:	HUDSON OH 44236	City-State-Zip:	HUDSON OH 44236

*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:** COWEN, JAMES J.

AMBR

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date