

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004162

Entity Name: NCS, LLC**Current Principal Place of Business:**5905 BRECKENRIDGE PARKWAY
SUITE F
TAMPA, FL 33610**Current Mailing Address:**5905 BRECKENRIDGE PARKWAY
SUITE F
TAMPA, FL 33610 US**FEI Number:** 20-3012217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 SOLE MEMBER
Name DYCOM INVESTMENTS, INC.
Address 11780 U.S. HIGHWAY 1
SUITE 600
City-State-Zip: PALM BEACH GARDENS FL 33408

Title TREASURER & SECRETARY
Name BALKARAN, JAINARINE
Address 11780 U.S. HIGHWAY 1
SUITE 600
City-State-Zip: PALM BEACH GARDENS FL 33408

Title MANAGER
Name PUGH, BOBBY ANTHONY
Address 5905 BRECKENRIDGE PARKWAY
SUITE F
City-State-Zip: TAMPA FL 33610

Title PRESIDENT
Name PUGH, BOBBY ANTHONY
Address 5905 BRECKENRIDGE PARKWAY
SUITE F
City-State-Zip: TAMPA FL 33610

Title ASSISTANT SECRETARY
Name BEARE, MELISSA G
Address 5905 BRECKENRIDGE PARKWAY
SUITE F
City-State-Zip: TAMPA FL 33610

Title MANAGER
Name PHILLIPS, LORI
Address 5905 BRECKENRIDGE PARKWAY
SUITE F
City-State-Zip: TAMPA FL 33610

Title CONTROLLER
Name PHILLIPS, LORI
Address 5905 BRECKENRIDGE PARKWAY
SUITE F
City-State-Zip: TAMPA FL 33610

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: LORI PHILLIPS

MANAGER

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date