

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005506

Entity Name: NCODED COMMUNICATIONS, LLC

Current Principal Place of Business:

17633 GUNN HIGHWAY
HWY 188
ODESSA, FL 33556

FILED
May 01, 2014
Secretary of State
CC1211641161

Current Mailing Address:

17633 GUNN HIGHWAY
HWY 188
ODESSA, FL 33556 US

FEI Number: 46-3504520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	CIFERCOM, LLC	Name	FINLAY, EDDIE
Address	17633 GUNN HIGHWAY HWY 188	Address	17633 GUNN HIGHWAY HWY 188
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	OB FAMILY TRUST	Name	SCHEUER, PHILLIP
Address	17633 GUNN HIGHWAY HWY 188	Address	17633 GUNN HIGHWAY HWY 188
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	ODESSA FL 33556
Title	AUTHORIZED MEMBER		
Name	SCHEUER, SUSAN		
Address	17633 GUNN HIGHWAY HWY 188		
City-State-Zip:	ODESSA FL 33556		

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: PETER RUNG _____

AUTHORIZED MEMBER

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date