

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000011530

Entity Name: NCITH, LLC**Current Principal Place of Business:**105 CURVE ROAD
PORT SAINT JOE, FL 32456**Current Mailing Address:**105 CURVE ROAD
PORT SAINT JOE, FL 32456 US**FEI Number:** 85-1968645**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 MEM
Name CAVIS, ROBERT
Address 2868 TECHWOOD DRIVE
City-State-Zip: COLUMBUS GA 31906

Title MEM
Name CAVIS, LORI
Address 2868 TECHWOOD DRIVE
City-State-Zip: COLUMBUS GA 31906

Title MEM
Name BOWDEN, III, THOMAS
Address 2705 MADDEN DRIVE
City-State-Zip: COLUMBUS GA 31906

Title MEM
Name MANN, TROY P
Address 2705 MADDEN DRIVE
City-State-Zip: COLUMBUS GA 31906

Title MEM
Name ROBERTS, PATSY
Address 318 GA HWY 137 WEST
City-State-Zip: BUENA VISTA GA 31803

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: TROY MANN

MEMBER

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date