

L06000085514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outigan

JUN 11 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-103, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alice Brian

\_\_\_\_\_  
Name of Person

National Christian Foundation Real Property Inc.

\_\_\_\_\_  
Firm/Company

11625 Rainwater Drive, Suite 500

\_\_\_\_\_  
Address

Alpharetta, GA 30009

\_\_\_\_\_  
City/State and Zip Code

abrian@nationalchristian.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Brian

at ( 678 ) 892-1850

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: NCT-103, LLC


**SECOND:** The Florida Document number of the limited liability company is: L06000085514

**THIRD:** The date of filing of the initial articles of organization is: August 29, 2006

**FOURTH:** The date of filing of the dissolution is: May 29, 2015

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

National Christian Foundation Real Property, Inc.

  
Signature of Authorized Representative  
Michael Booth, JD, Secretary

Michael Booth, JD

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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