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(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-105, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

c/o Don Etheridge

(Name of Person)

NCF Corporation

(Firm/Company)

707 N. Franklin Street, Ste 800

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Etheridge

(Name of Person)

at 404 252-0100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

**FILED**

2019 MAR 21 PM 12:37

SECRET  
TALLAHASSEE, FL  
STATE

1. The name of a limited liability company is  
NCT-105, LLC

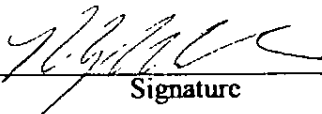
2. The Articles of Organization were filed on August 29, 2006 and assigned  
document number L06000085516

3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
The consent of all members

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Authorized Person of the Limited Liability Company

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

  
Signature

Mytrinh McGrath, Authorized Person  
Printed Name

**FILING FEE: \$25.00**

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: NCT-105, LLC

Document number of Limited Liability Company is: L06000085516

Date of dissolution was: \_\_\_\_\_

Description of information that must be included in a written claim:

Claimant's name and address

Date of original claim

Basis of claim (contract, invoice, etc.)

Copy, if any, of written evidence of claim

Amount of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

NCF Corporation

c/o General Counsel

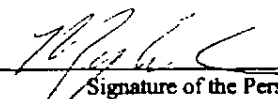
707 N. Franklin Street, Ste 800

Tampa, FL 33602

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Mytrinh McGrath, Authorized Person

Printed Name of the Person Filing

  
Signature of the Person Filing