LOWOUSS 10

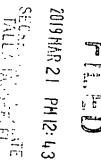
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NCT-105, LLC			
Name	of Limited Liabi	lity Company	
Dear Sir or Madam:			
The enclosed Statement of Termination and	fee(s) are submit	ted for filing.	
Please return all correspondence concerning	this matter to the	e 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			
detheridge@ncfgiving.com			
E-mail address: (to be used for future annu-	al report notifica	tion)	
For further information concerning this matt	er, please call:		
Don Etheridge	404 at ()	252-0100	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAIT D	NG ADDRESS:	
Registration Section	Registra	Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314	
2001 Executive Center Circle	I alianassee, fiorida 32314		

CR2E141 (2/14)

Tallahassee, Florida 32301

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Stat FIRST: The name of the limited liability co		owing Statement of Termination: 2019 MAR 21 PM 12: 43		
SECOND: The Florida Document number of	of the limited liability compan	y is:		
THIRD: The date of filing of the initial articles of organization is: August 29, 2006				
FOURTH: The date of filing of the dissolut	ion is:	<u></u> .		
FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.				
Signature of Authorized Representative	Mytrinh McGrath, Authori Typed or printed name of			

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

CR2E141 (2/14)