

LO6 0000 85521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

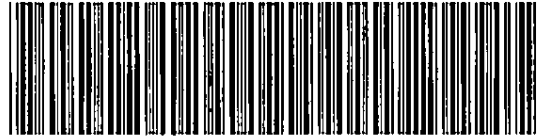
(Business Entity Name)

(Document Number)

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JUN 11 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-1 COR 2:9, 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:

Robin Wilsey  
Name of Person

National Christian Foundation  
Firm/Company

11625 Rainwater Dr Suite 500  
Address

Alpharetta, GA 30009  
City/State and Zip Code

rwilsey@ncfgiving.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Wilsey at ( 470 ) 6336344  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations,  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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RECEIVED  
TALLAHASSEE, FL

**STATEMENT OF TERMINATION**

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

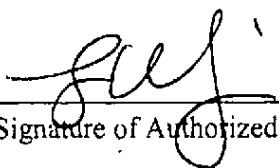
**FIRST:** The name of the limited liability company is: NCT-1 COR 2:9, LLC

**SECOND:** The Florida Document number of the limited liability company is: L06000085521

**THIRD:** The date of filing of the initial articles of organization is: 08/29/2006

**FOURTH:** The date of filing of the dissolution is: April 5, 2021

**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

Robin Wilsey, Authorized Person  
\_\_\_\_\_  
Typed or printed name of signature

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

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TALLAHASSEE, FL