

LD6000/32979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

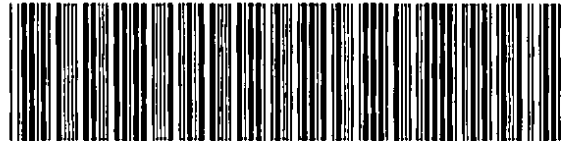
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B. BRUCE
APR 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCT-119, 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:

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 annual report notification)

For further information concerning this matter, please call:

Don Etheridge

Name of Person

at (404) 252-0100

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

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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-119, LLC

SECOND: The Florida Document number of the limited liability company is: L06000122979

THIRD: The date of filing of the initial articles of organization is: December 28, 2006

FOURTH: The date of filing of the dissolution is: _____

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

Typed or printed name of signature

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

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TALLAHASSEE FLORIDA