# LOG 000 122979

(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Codificat Conice			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

**NCT-119, 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:

(Name of Person)

(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

1.	The name of a limited liability NCT-119, LLC	company is	<del> </del>		·
2.	The Articles of Organization	were filed on December 28, 2000	6	_ and assigned	
	document number	979			
3.	Note: If the date inserted in thi	e dissolution if not effective on ate cannot be prior to or more than 90 is block does not meet the applicab we date on the Department of State	le statutory filing i	3:	or filing) te will not be
4.	A description of occurrence t 605.0707, Florida Statutes, (c	hat resulted in the limited liabil opy 605.0707 on back cover let	lity company's diter).	issolution pursuant	to section
	The consent of all members.				
					2019
				2.3	14 75 70
					<del>23</del> <b>1</b>
				<u>۔ نہ۔</u> برین د اس نین کی ا	<u> </u>
5.	If there are no members, ente activities and affairs:	r the name and address of the p Authorized Person of the limited		to wind up the con	npan <u>y</u> s
					<del></del>
6. lis	Signature of an authorized per sted above to wind up the com	rson or if there are no members pany's activities and affairs:	s, the signature o	of the person appoir	nted and
ı	MAC	Mutrin	ih McGrath		
-/	Signature			d 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-119, LLC
Document number of Limited Liability Company is: L06000122979
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

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

Printed Name of the Person Filing

Signature of the Person Filing