

206000123045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-122, 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

NCF Corporation

\_\_\_\_\_  
Firm/Company

1901 Ulmerton Road, Suite 400

\_\_\_\_\_  
Address

Clearwater, FL 33762

\_\_\_\_\_  
City/State and Zip Code

rwilsey@nctgiving.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Wilsey

\_\_\_\_\_  
Name of Person

at ( 404 ) 252-0100

\_\_\_\_\_  
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

## 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-122, LLC

**SECOND:** The Florida Document number of the limited liability company is: L06000123045

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

**FOURTH:** The date of filing of the dissolution is: May 12, 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 representative  
\_\_\_\_\_  
Typed or printed name of signature

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

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