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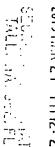
(Re	questor's Name)	
——————————————————————————————————————	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	curnent Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only

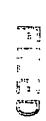


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COVER LETTER

TO: R

Registration Section Division of Corporations

SUBJECT

NCT-124, 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:

Don Etheridge

_.404

252-0100

(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

FigeD

1. The name of a limited liability con	npany is	2019 KAR 21	D11.10. 0.0
NCT-124, LLC			
2. The Articles of Organization were	filed on December 28, 2006	and assigned	CLARL
document number <u>1.06000123053</u>			
(effective date can Note: If the date inserted in this block	colution if not effective on the date of fil anot be prior to or more than 90 days later than de the does not meet the applicable statutory filing e on the Department of State's records.	ate document is received for filing	
4. A description of occurrence that re 605.0707, Florida Statutes, (copy 6	sulted in the limited liability company's 05,0707 on back cover letter).	dissolution pursuant to sec	ction
The consent of all members			
			_
			-
5. If there are no members, enter the	name and address of the person appoints	ed to wind up the company'	's
activities and affairs: Auth	orized Person of the Limited Liability Comp	any	
			_
<u></u>			_
6. Signature of an authorized person listed above to wind up the company'	or if there are no members, the signature sactivities and affairs:	e of the person appointed ar	– nd
4M6, C	Mytrinh McGrath, Au	thorized Person	
Signature	Prin	ted 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: NC I-124, LLC
Document number of Limited Liability Company is: L06000123053
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

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

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, Authorized Person

Printed Name of the Person Filing