## <u>E2068/00000</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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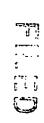


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## **COVER LETTER**

Division of Corporations		
SUBJECT: NCT-124, LLC		
	f Limited Liabi	lity Company
Dear Sir or Madam:		
The enclosed Statement of Termination and fe	ee(s) are submit	ted for filing.
Please return all correspondence concerning the	nis matter to the	e following:
c/o Don Etheridge		
Name of Person		
NCF Corporation		
Firm/Company		
707 N. Franklin Street, Ste 800		
Address	<u> </u>	
Tampa, FL 33602		
City/State and Zip Code	<del></del>	
detheridge@ncfgiving.com		
E-mail address: (to be used for future annual	report notifica	tion)
For further information concerning this matter	r, please call:	
Don Etheridge	at (404	252-0100
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAII.II	NG ADDRESS:
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahas	see, Florida 32314

CR2E141 (2/14)

## 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-124, LLC		
FIRST: The name of the limited liability co	ompany is:	
SECOND: The Florida Document number	of the limited liability company is:	
THIRD: The date of filing of the initial arti	cles of organization is: December 28, 2006	
FOURTH: The date of filing of the dissolu	tion is:	
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and affairs and has determined	
4/11/2/	Mytrinh McGrath, Authorized Person 👷 🝃	
Signature of Authorized Representative	Mytrinh McGrath, Authorized Person  Typed or printed name of signature  20 21	
Com	Filing Fee: \$25.00 Filing Fee: \$	
Cen	ined Copy, \$30.00 (optional)	

CR2E141 (2/14)