

**L10000 132255**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

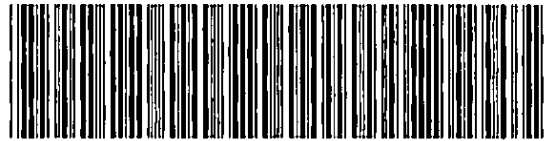
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beckel Charitable Enterprises, 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 Bradley Orr

Name of Person

NCF CORPORATION

Firm/Company

1901 Ulmerton Rd., STE 400

Address

Clearwater, FL 33762

City/State and Zip Code

borr@ncfgiving.com

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

For further information concerning this matter, please call:

BRADLEY ORR at ( 404 ) 252-0100  
Name of Person 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

## 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: Beckel Charitable Enterprises, LLC

**SECOND:** The Florida Document number of the limited liability company is: L10000132255

**THIRD:** The date of filing of the initial articles of organization is: December 28, 2010

**FOURTH:** The date of filing of the dissolution is: June 11, 2020

**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)