

L10000 132255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

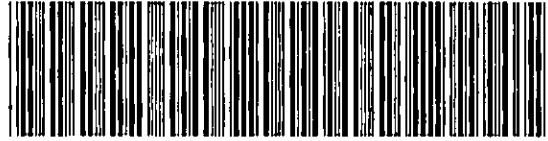
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/22/20--01021--001 **50.00

LLC
Notice
of Diss.

AUG 19 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beckel Charitable Enterprises, I.L.C.

DOCUMENT NUMBER: L10000132255

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

c/o General Counsel

(Name of Contact Person)

NCF CORPORATION

(Firm/Company)

1901 ULMERTON RD., STE 400

(Address)

CLEARWATER, FL 33762

(City/State and Zip Code)

For further information concerning this matter, please call:

Bradley Orr

(Name of Contact Person)

at (⁴⁰⁴)

(Area Code)

252-0100

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed)

☐ \$60 Filing Fee.
Certificate of Status & Certified
Copy (Additional copy
is enclosed)

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

Notice of Limited Liability Company Dissolution

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: Beckel Charitable Enterprises, LLC

Document number of Limited Liability Company is: L10000132255

Date of dissolution was: June 11, 2020

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

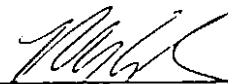
1901 Ulmerton Rd., STE 400

Clearwater, FL 33762

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



Signature of the Person Filing

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