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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

NCT-134, 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 Bradley Orr (Name of 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 Person)

404 252-0100

(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

THE THE CHICORTORATION

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

. The name of a limited liab NCT-134, LLC	lity company is		
The Articles of Organization	on were filed on August 16, 2011	and assigned	
document number [.110000	94470		
(effective Note: If the date inserted in	the dissolution if not effective on the date cannot be prior to or more than 90 to this block does not meet the applicable tive date on the Department of State's	lays later than date document is received e statutory filing requirements, this d	
A description of occurrenc 605.0707, Florida Statutes,	e that resulted in the limited liabili (copy 605.0707 on back cover lett	ty company's dissolution pursuar er).	it to section
The consent of all members.		,	
If there are no members, er activities and affairs:	iter the name and address of the pe Authorized Person of the limited li	• • • • • • • • • • • • • • • • • • • •	25 PH 4:
Signature of an authorized sted above to wind up the co	person or if there are no members, mpany's activities and affairs:	the signature of the person appoi	inted and
1/////	Mytrinh	McGrath	
Signature		Printed 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: NCT-134, LLC
Document number of Limited Liability Company is: L11000094470
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 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

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