. 12000122991

(R	Requestor's Name)			
(A	address)			
(A	Address)			
(C	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NCT-140, 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 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

CR2E141 (2/14)

STATEMENT OF TERMINATION

	atutes, I hereby submit the following Statement company is: NCT-140, LLC	
SECOND: The Florida Document number	r of the limited liability company is: L1200012	22991
THIRD: The date of filing of the initial ar	ticles of organization is: September 25, 2012	
FOURTH: The date of filing of the dissol	ution is:	<u>.</u>
FIFTH: This limited liability company ha that it will file a statement of termination.	s completed winding up its activities and affairs	and has determined
May be	Mytrinh McGrath	
Signature of Authorized Representative	Typed or printed name of signature	3019 DEC
Cer	Filing Fee: \$25.00 tified Copy: \$30.00 (optional)	7. 1. L.D. 3. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

CR2E141 (2/14)