

L15 000170 665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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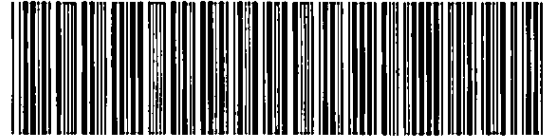
(Business Entity Name)

(Document Number)

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C. GOLDEN

MAR 16 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-146, 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

\_\_\_\_\_  
Name of Person

at (404) 252-0100

\_\_\_\_\_  
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: NCT-146, LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000170665

**THIRD:** The date of filing of the initial articles of organization is: September 22, 2015

**FOURTH:** The date of filing of the dissolution is: February 18, 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)