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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NTS7 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

DEC - 2 P 1:16

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NTS7 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:

Gwendolyn C. Sutton, Paralegal

Name of Person

Frost Brown Todd LLC

Firm/Company

301 East Fourth Street, Suite 3300

Address

Cincinnati, OH 45202

City/State and Zip Code

gsutton@fbtlaw.com

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

For further information concerning this matter, please call:

Gwendolyn C. Sutton

at (513) 651-6133

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:

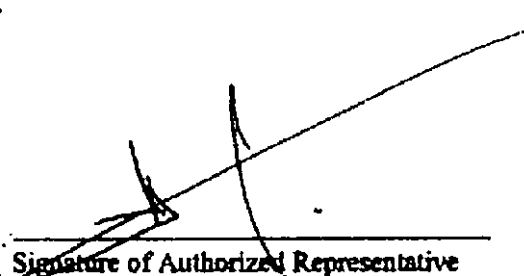
FIRST: The name of the limited liability company is: NTS7 LLC

SECOND: The Florida Document number of the limited liability company is: L16000090550

THIRD: The date of filing of the initial articles of organization is: May 9, 2016

FOURTH: The date of filing of the dissolution is: October 16, 2019

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

Daniel Muto

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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