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

Office Use Only

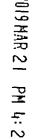


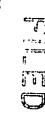
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NCT-161, LLC	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Statement of Termination and fe	ee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
c/o Don Etheridge	
Name of Person	
NCF Corporation	
Firm/Company	
707 N. Franklin Street, Ste 800	
Address	
Tampa, FL 33602	
City/State and Zip Code	
detheridge@ncfgiving.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter	r, please call:
Don Etheridge	at (404) 252-0100
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	I diluidoso, I iviida obo i i

CR2E141 (2/14)

STATEMENT OF TERMINATION

	atutes, I hereby submit the following Statement of Termination:
FIRST: The name of the limited liability of	ompany is: NCT-161, LLC
SECOND: The Florida Document number	of the limited liability company is:
THIRD: The date of filing of the initial art	ticles of organization is: December 9, 2016
FOURTH: The date of filing of the dissolu	ution is:
FIFTH: This limited liability company has that it will file a statement of termination.	s completed winding up its activities and affairs and has determined
12/20	Mytrinh McGrath, Authorized Person
Signature of Authorized Representative	Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)