

46000223849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

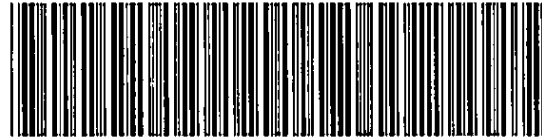
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 05 2018  
S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NCT-158, 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 Theodore E. Day, Jr.

Name of Person

NCF Corporation

Firm/Company

707 N. Franklin Street, Ste 800

Address

Tampa, FL 33602

City/State and Zip Code

tday@ncfgiving.com

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

For further information concerning this matter, please call:

Theodore E. Day, Jr.

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

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TALLAHASSEE, FLORIDA

## 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-158, LLC

Document number of Limited Liability Company is: L16000223849

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

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

NCF Corporation

c/o General Counsel


707 N. Franklin Street, Ste 800

Tampa, FL 33602

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**

## STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

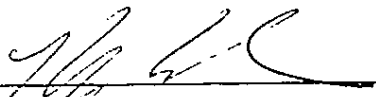
**FIRST:** The name of the limited liability company is: NCT-158, LLC

**SECOND:** The Florida Document number of the limited liability company is: L16000223849

**THIRD:** The date of filing of the initial articles of organization is: December 09, 2016

**FOURTH:** The date of filing of the dissolution is: \_\_\_\_\_

**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)

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TALLAHASSEE, FLORIDA