

48000267775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

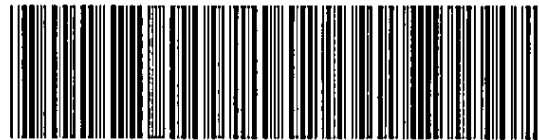
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400342764814

04/17/20--01014--019 **50.00

R. WHITE

APR 29 2020

2020 APR 17 PM 8:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NCFRP-166, LLC**
(Name of Limited Liability Company)

The enclosed Articles of Dissolution 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)

For further information concerning this matter, please call:

Bradley Orr

(Name of Person)

at **404 252-0100**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF TERMINATION

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

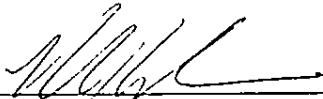
FIRST: The name of the limited liability company is: NCFRP-166, LLC

SECOND: The Florida Document number of the limited liability company is: L18000267775

THIRD: The date of filing of the initial articles of organization is: December 03, 2018

FOURTH: The date of filing of the dissolution is: APRIL 2, 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)