

48000 267 775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

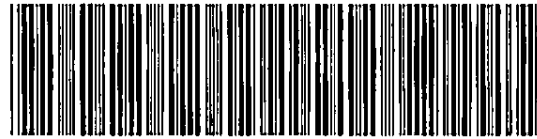
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

R. WHITE

APR 29 2020

04/17/20 17:18:19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCFRP-166, 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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

NCFRP-166, LLC

2. The Articles of Organization were filed on December 3, 2018 and assigned

document number 118000267775

3. The delayed effective date the dissolution if not effective on the date of filing: April 2, 2020
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

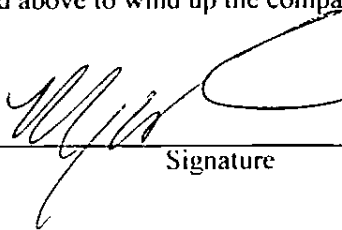
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The consent of all members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Authorized Person of the limited liability company

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

Mytrinh McGrath, Authorized Person

Printed Name

FILING FEE: \$25.00

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: NCFRP-166, LLC
Document number of Limited Liability Company is: L18000267775
Date of dissolution was: April 2, 2020

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

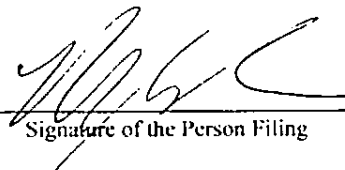
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

NCF Corporation
c/o General Counsel
1901 Ulmerton Rd., STE 400
Clearwater, FL 33762

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, Authorized Person

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