

W18000268589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

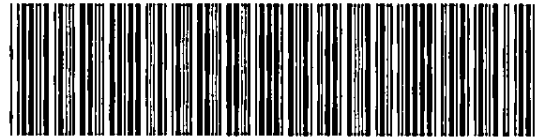
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCT-173, 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:

Bradley Orr

Name of Person

NCF Corporation

Firm/Company

1901 Ulmerton Road, Suite 400

Address

Clearwater, FL 33762

City/State and Zip Code

rwilsey@ncrfgiving.co

m

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

For further information concerning this matter, please call:

Bradley Orr	404	252-0100
_____ Name of Person	at (_____) _____ Area Code	Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF TERMINATION

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

NCT-173, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: L18000268589

THIRD: The date of filing of the initial articles of organization is: 11.16.2018

FOURTH: The date of filing of the dissolution is: Januayr 7, 2022

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

Robin Wilsey

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2022 JAN 21 PM 3:28