

L18000268600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

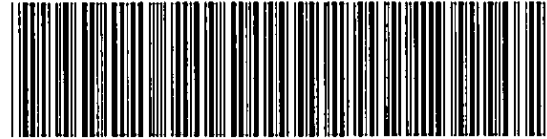
(Business Entity Name)

(Document Number)

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JAN 31 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCT-174, 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:

Robin Wilsey

Name of Person

NCF CORPORATION

Firm/Company

1901 Ulmerton Rd., STE 400

Address

Clearwater, FL 33762

City/State and Zip Code

rwilsey@ncfgiving.com

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

For further information concerning this matter, please call:

Robin Wilsey at (404) 252-0100
Name of Person 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

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-174, LLC

SECOND: The Florida Document number of the limited liability company is: 200379158222

THIRD: The date of filing of the initial articles of organization is: 11/16/2018

FOURTH: The date of filing of the dissolution is: January 6, 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

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Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)