

7/25/2016 11:51:08 AM From: To: 850-6176383 1/4

Division of Corporations

M/300004316

Florida Department of State
Division of Corporations
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RE-SUBMIT

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 205-8842
 Fax Number : (850) 878-5368

Please retain original filing date of submission 7/19

LLC DISSOLUTION OR WITHDRAWAL
SBC INTERNET SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER

JUL 26

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBC INTERNET SERVICES, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

SBC INTERNET SERVICES, LLC
(Firm/Company)

208 S. Akard St.
(Address)

Dallas, TX 75202
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2016 JUL 19 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SBC INTERNET SERVICES, LLC

(Name of limited liability company)

California

(Jurisdiction of its organization)

7/9/2013

(Date registered with Florida Department of State)

M1300004316

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Paul M. Wilson

(Typed or printed name of signee)

Filing Fee: \$25.00