





**RESUBMIT**  
Please give original  
submission date as file date.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 9, 2019

CORPORATION SERVICE COMPANY

SUBJECT: COMCAST OF  
ARKANSAS/FLORIDA/LOUISIANA/MINNESOTA/MISSISSIPPE/TENNESSEE,  
INC.  
Ref. Number: F06000000491

We have received your document for COMCAST OF  
ARKANSAS/FLORIDA/LOUISIANA/MINNESOTA/MISSISSIPPE/TENNESSEE,  
INC. and the authorization to debit your account in the amount of \$25.00.  
However, the document has not been filed and is being returned for the following:

This Corporation filed for Withdrawal on 10/18/2016, therefore we cannot  
process your request


If you have any questions concerning the filing of your document, please call  
(850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 019A00000579

RECEIVED  
19 JAN 10 AM 10:35  
2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 571644 4355598  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : January 7, 2019  
ORDER TIME : 9:22 AM  
ORDER NO. : 571644-025  
CUSTOMER NO: 4355598

FOREIGN FILINGS

NAME: COMCAST OF ARKANSAS/FLORIDA/  
LOUISIANA/MINNESOTA/  
MISSISSIPPI/TENNESSEE, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: \_\_\_\_\_

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

10/18/2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

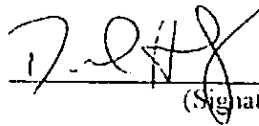
M16000008332

\_\_\_\_\_  
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after 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.



\_\_\_\_\_  
(Signature of authorized representative)

Derek H. Squire

\_\_\_\_\_  
(Typed or printed name of signee)

2019 JAN - 8 AM 10: 04  
FILED  
TALLAHASSEE, FL

Filing Fee: \$25.00