

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

9

PICK-UP

☐

WAIT



MAIL

(Business Entity Name)

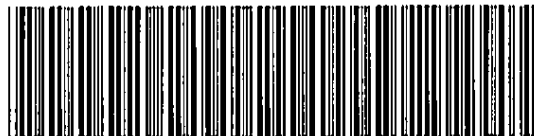
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18 MAR -1 AM 8:48

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2018 MAR -1 PM 1:43

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WD

**R. WHITE**

MAR 02 2018

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

ACCOUNT NO. : I20000000195  
REFERENCE : 091191 4355598  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

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ORDER DATE : March 1, 2018  
ORDER TIME : 11:31 AM  
ORDER NO. : 091191-005  
CUSTOMER NO: 4355598

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FOREIGN FILINGS

NAME: TELE-COMMUNICATIONS OF  
COLORADO, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Tele-Communications of Colorado, Inc.

\_\_\_\_\_  
(Name of Corporation)

19911102857

\_\_\_\_\_  
(Document Number of Corporation (if known))

Colorado

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1701 John F. Kennedy Blvd.

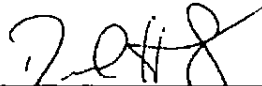
\_\_\_\_\_  
(Mailing Address)

Philadelphia, PA 19103

\_\_\_\_\_  
(City/ State /Zip)

FILED  
18 MAR - 1 AM 8:48

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2/26/2018

\_\_\_\_\_  
(Date)

Derek H. Squire

\_\_\_\_\_  
(Typed or printed name of person signing)

Vice President

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**