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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 2019 FEB - 7 PH 4: 26

ACCOUNT NO. : I2000000195

REFERENCE : 618765 7448070

AUTHORIZATION

COST LIMIT : \$ 85.00

COST HIMIT . \$ 35.00

ORDER DATE: February 7, 2019

ORDER TIME : 12:04 PM

ORDER NO. : 618765-010

CUSTOMER NO: 7448070

FOREIGN FILINGS

NAME: COMCAST OF PARKLAND, 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: Emily Croft - EXT# 62925

EXAMINER:

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

COMCAST OF PARKLAND, INC.

	(Name of Corporation) = ====	- 2
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	(Document Number of Corporation	i (if known)	-7
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	DELAWARE	<u> </u>	•
	(Incorporated Under Laws	of)	ե։ 2
	· ·	्री इंग्रिक्ट	26
appoints the time	rporation revokes the authority of its registered agent in a the Department of State as its agent for service of procit was authorized to transact business or conduct affairs it owing is a current mailing address for the corporation: 1701 JOHN F. KENNEDY BOULEVARD	ess based on a cause of action arisi.	ehalf and ng during
	(Mailing Address)		
	PHILADELPHIA, PA 19103		
	(City/ State /Zip)		
The co	orporation agrees to notify the Department of State in the fut	ure of any change in its mailing addres 2/5/2019 (Date)	ss.
	(Signature of a director, president or other officer s if in the hands of a receiver or other court appropried fiduciary, by that fiduciary)	(cont.)	
	DEREK H. SQUIRE	VICE PRESIDENT	
	(Typed or printed name of person signing)	(Little of person signing)	

FILING FEE \$35