(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of St	atus
Special Instructions to Filing Officer:		

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

ACCOUNT NO. : I20000000195

REFERENCE : 548903 8076537

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : December 11, 2020

ORDER TIME : 12:0 PM

ORDER NO. : 548903-055

CUSTOMER NO: 8076537

FOREIGN FILINGS

NAME: SOUTH CENTRAL COMMUNICATIONS CORPORATION

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: Eyliena Baker - EXT#

EXAMINER:

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

South Central Communications Corporation	
(Name of Corporation)	
F15000000273	
(Document Number of Corporation (if known)
Indiana 01/20/2015	
(Incorporated Under Laws of and date authorized to transac	t business/conduct its affairs)
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct at This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	affairs in Florida. Florida to accept service on its behalf and based on a cause of action arising during the
The following is a current mailing address for the corporation:	
PO Box 3848	85. 1011
(Mailing Address)	7 1 4 1 6 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1
Evansville, IN 47736-3848 (City/ State /Zip)	
The corporation agrees to notify the Department of State in the futu	. 01
Natilie Colom	12-29-2020
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Natalie Colvin	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35