

F96000000867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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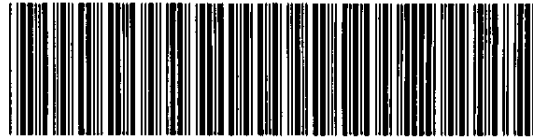
(Business Entity Name)

(Document Number)

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15 OCT -2 AM 8:47

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2015 OCT -2 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 5 2015

C LEWIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 818096 7448070

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 35.00

ORDER DATE : October 2, 2015

ORDER TIME : 12:34 PM

ORDER NO. : 818096-015

CUSTOMER NO: 7448070

FOREIGN FILINGS

NAME: COMCAST MO INTERACTIVE
SERVICES, 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: Melissa Zender - EXT# 62956

EXAMINER: _____

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

COMCAST MO INTERACTIVE SERVICES, INC.

(Name of Corporation)

F96000000867

(Document Number of Corporation (if known))

STATE OF 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:

1201 N. MARKET STREET, SUITE 1000

(Mailing Address)

WILMINGTON, DE 19801

(City/ State /Zip)

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

Kristin M. Kipp
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

9/23/2015

(Date)

KRISTIN M. KIPP

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

FILING FEE \$35