## 1110400001235

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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|   |  |  |  |  |  |  |

Office Use Only



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TO ACKNOWLEDGE SUFFICIENCY OF FILING 15 MOV 24 PM 1:59

FILED
2015 NOV 24 P 1: 30

NOV 2.5 2015 BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 881704 4360800

AUTHORIZATION :

COST LIMIT : \$\sqrt{25}.00

ORDER DATE: November 20, 2015

ORDER TIME: 11:24 AM

ORDER NO. : 881704-145

CUSTOMER NO: 4360800

## FOREIGN FILINGS

NAME: NEXTEL BOOST SOUTH, LLC

CORPORATE
LIMITED PARTNERSHIP
XXX 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: Courtney Williams - EXT# 62935

EXAMINER:

15 NOV 24 P 1: 3

## **COVER LETTER**

| TO: Registration Division of   | on Section of Corporations                   |   |                           |                                     |                |               |              |  |
|--|--|---|---------------------------|-------------------------------------|----------------|---------------|--------------|--|
| Nex  | tel Boost South, LLC                         |   |                           |                                     |                |               |              |  |
|  | (Name of Fo                                  | reign Lin   | ited Liability            | Company)                            |                |               | -            |  |
|  |  |   |                           |                                     |                |               |              |  |
| Dear Sir or Madam  | :  |   |                           |                                     |                |               |              |  |
| The enclosed withd   | rawal and fee(s) are submitte                | ed for filis  | ıg.                       |                                     |                |               |              |  |
| Please return all co   | rrespondence concerning this                 | matter to   | the following             | •                                   |                |               |              |  |
| Lora E. Keithle  | <b>?</b> y                                   |   |                           |                                     |                |               |              |  |
|  | (Name of Person)                             |   |                           | •                                   |                |               |              |  |
| Sprint   |  |   |                           |                                     |                |               |              |  |
|  | (Firm/Company)                               |   |                           |                                     |                |               |              |  |
| 6200 Sprint Pa   | arkway, MS:KSOPHF                            | 0302-31   | 3124                      |                                     |                |               |              |  |
| **************************************   | (Address)                                    |   | <del></del>               | •                                   |                | <del></del> 4 |              |  |
| Overland Park  | , KS 66251                                   |   |                           |                                     |                | ALLA<br>SECII | 2015 NOV 214 | -1   |
|  | (City/State and Zip Coo                      | ic)   | -                         | •                                   |                | 出る            | Ş            | 75/4 <del>74</del>   |
|  | .i   | .1  |                           |                                     |                | ARY           | 2ч           | Parties and the same of the sa |
| FOR JUTURET INTOFFINAL   | ion concerning this matter, p                | icase call  | :                         |                                     |                | T C           | Ţ            | 3  |
| Lora E. Keithle  | у  | at  | 913                       | 794-141                             | 1              |               | <del></del>  | €  |
| ۷)   | lame of Person)                              |   |                           | Daytime Telep                       | hone Number)   |               | 30           |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |  | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                           |                                     |                |               |              |  |
|  | for the following amount:                    |   |                           | •                                   |                |               |              |  |
| S25 Filing Fee   | □ \$30 Filing Fee &<br>Certificate of Status |   | Filing Fee &<br>fied Copy | S60 Filir<br>Certifica<br>Certified | te of Status & |               |              |  |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Nextel Boost South, LLC   |                      |
|---|----------------------|
| (Name of limited liability company)   |                      |
| Delaware  |                      |
| (Jurisdiction of its organization)  |                      |
| 3/31/2004   |                      |
| (Date registered with Florida Department of State)  |                      |
| M0400001235   |                      |
| (Florida Document Number)   |                      |
| This limited liability company is withdrawing its certificate of authority in this state. |                      |
| This limited liability company is withdrawing its certificate of authority in this state. | range<br>2<br>Lépian |
| ASSET ASSET   | 1                    |
| (Signature of authorized representative)  |                      |
| Stefan K. Schnopp   |                      |
| (Typed or printed name of signee)   |                      |

Filing Fee: \$25.00