

M a 0 0 0 0 0 0 0 0 3 2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

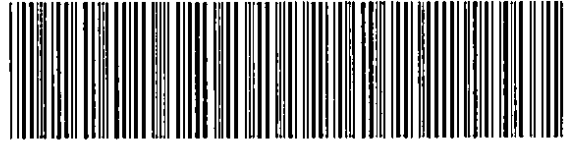
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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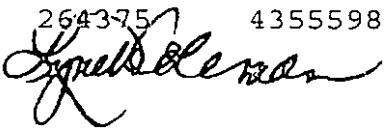
2020 APR 17 AM 11:20

C. GOLDEN

APR 20 2020

RECEIVED
2020 APR 17 8:26
BELL COUNTY, KY

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

ACCOUNT NO. : I20000000195
REFERENCE : 264375 4355598
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : April 17, 2020

ORDER TIME : 10:55 AM

ORDER NO. : 264375-005

CUSTOMER NO: 4355598

FOREIGN FILINGS

NAME: COMCAST COMMERCIAL SERVICES,
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: Kadesha Roberson - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comcast Commercial Services, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____
(Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|--|

2/17/2017 17:00:20

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Comcast Commercial Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/03/2006

(Date registered with Florida Department of State)

M06000000032

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DocuSigned by:

Derek Squire

BC9A8B350CEAA74

(Signature of authorized representative)

Derek H. Squire

(Typed or printed name of signee)

Filing Fee: \$25.00