

14060000006685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

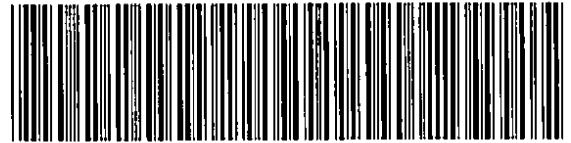
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 FEB -9 PM 1:37

STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB -9 AM 11:26

OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

2/10/2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 444157 7156704

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 8, 2023

ORDER TIME : 8:54 AM

ORDER NO. : 444157-005

CUSTOMER NO: 7156704

FOREIGN FILINGS

NAME: METROPCS NETWORKS FLORIDA, 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METROPCS NETWORKS FLORIDA, 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:

JULIE NELSON - LEGAL DEPT.

(Name of Person)

T-MOBILE

(Firm/Company)

12920 SE 38TH STREET

(Address)

BELLEVUE, WA 98006

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIE NELSON

(Name of Person)

425

383-6211

at ()

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

2023 FEB -9 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

METROPCS NETWORKS FLORIDA, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

12/05/2006

(Date registered with Florida Department of State)

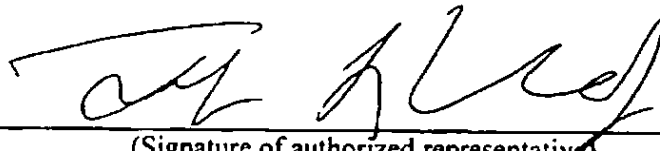
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(Florida Document Number)

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.



(Signature of authorized representative)

FREDERICK WILLIAMS

(Typed or printed name of signee)

Filing Fee: \$25.00