110800003161

| (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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FILED

K SALY NUV 2 1 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 913871 5140915 AUTHORIZATION : COST LIMIT : ORDER DATE: November 14, 2017 ORDER TIME : 10:06 AM ORDER NO. : 913871-015 CUSTOMER NO: 5140915 FOREIGN FILINGS NAME: BHN HOME SECURITY SERVICES, LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY __ PLAIN STAMPED COPY XXX CERTIFICATE OF STATUS

EXAMINER: __

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

| | Registration Division of (| Section Corporations | | |
|--|-------------------------------|---|---------------------------------|---|
| SUBJEC | ъ́ | BHN Home Security Ser | rvices, LLC | |
| JOBILC | ··· | (Name of For | reign Limited Liability | Company) |
| Dear Sir | or Madam: | | | |
| The enclo | osed withdra | wal and fee(s) are submitte | d for filing. | |
| Please re | turn all corre | espondence concerning this | matter to the following | , |
| Cindy M | inahan | | | |
| - | | (Name of Person) | | - |
| BHN Ho | me Security | Services, LLC | | |
| | | (Firm/Company) | <u> </u> | - |
| 12405 Po | owerscourt [|)riv e | | |
| | | (Address) | | - |
| St. Louis | , MO 6313 | 1 | | |
| | | (City/State and Zip Cod | le) | - |
| For further | er informatio | on concerning this matter, p | lease call: | |
| Cindy M | inahan | | 314 at (| 965-0555 |
| | (Na | me of Person) | | 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 t | for the following amount: | | |
| □ \$ 25 Fi | ling Fee | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| BHN Home Security Services, LLC | -1 |
|--|-----------------------------------|
| (Name of limited liability company) | ZNI NOV 20 SECRETAR ALLAHAS |
| Delaware | ATO O |
| (Jurisdiction of its organization) | \$5.50 0.00 |
| 07/03/2008 | Fig. 3 |
| (Date registered with Florida Department of State) M08000003161 | STATE FLORID |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this s | 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 dat more than 90 days after filing.) | c of filing or |
| Note: If the date inserted in this block does not meet the applicable statutory filithis date will not be listed as the document's effective date on the Department of | |
| (Signature of authorized representative) Charter Communications, Inc., the Manager | |

Filing Fee: \$25.00

(Typed or printed name of signee)

Daniel J. Bollinger, VP, Assoc. Gen. Counsel, Assistant Secretary