## Florida Department of State Pive fon of Gorporations Element of State Florida Department of State Pive fon of Gorporations Element of State Florida Department of State Florida Departm

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617~6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

: FCA000000023 : (850)205-8842

Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL COMMUNICATION SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

27 PM 4: 15

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Corporate Filing Menu

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OCT 28 2015 J. HARRIS

## COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Communication	on Services, LLC	•	
		reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdrawal an	d fee(s) are submitte	d for filing.	
Please return all correspond	ence concerning this	matter to the following	b.
	•	•	
			~
(	Name of Person)		
			•
Communication Services, I			-
(	Firm/Company)		
1203 Governors Square Bly	d., Suite 101		
(	Address)		_
Tallahassee, FL 32301			
(1	City/State and Zip Cod	<b>c</b> )	•
For further information cond	cerning this matter, p	lease call:	
		at (	1
(Name of P	'erson)		Daytime Telephone Number)
STREET/COURI	ER ADDRESS:	MATI	LING ADDRESS:
Registration Section	Registration Section Registration Section		tration Section
Division of Corpor Clifton Building	ations		ion of Corporations Box 6327
2661 Executive Co.			nassee, Florida 32314
Tallahassee, Florida	a 32301		
Enclosed is a check for the	following amount:		
	0 Filing Fee & ertificate of Status	☐ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

10/27/2015 4:10:39 PM From: To: 8506176383( 3/3 )

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Communication Services, LLC	
(Name of limited liability company)	
North Carolina	
(Jurisdiction of its organization)	
12/03/2010	
(Date registered with Florida Department of State)	
M10000005319	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in the	this state.
(Signature of authorized representative)  H. Andrew Deferrari, Manager	
(Typed or printed name of signee)	
	2015 OCT 27 AH 8 SLURLTARY STOJ TALLAHASSEE FLO

Filing Fee: \$25.00