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.

(((H190000469763)))



H190000469763ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To: Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL COMCAST SHARED SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE FEB 12 2019

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

To: Page 3 of 3

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	7 Y Y		_
	(Name of limited liability compar	ny)	• •
Delaware			
	(Jurisdiction of its organization	)	<del>-</del>
07/28/2011			•
J. 1	(Date registered with Florida Departmen	it of State).	<del>-</del> ,
M11000004104			
	(Florida Document Number)	and the second second	<del>-</del> .
•			
This limited liability co	impany is withdrawing its certificate of	authority in this state.	
Effective Date, if other	than the date of filing:	(optional)	
	isted, the date must be specific and canr	not be prior to date of filing or	
more than 90 days after	filing.)		
Note: If the date inserte	ed in this block does not meet the applic	able statutory filing requirements,	
this date will not be list	ted as the document's effective date on t	the Department of State's records.	
	$\mathcal{L}$		
	/ -		
	$I \cap I \subset I$		
/	lo0.06	<del>.</del>	
(-	Signature of authorized tenrese	nturive)	201
(	(Signature of authorized seprese	ntutive)	2019 51
(		ntative)	2019 550
(- 	(Signature of authorized represe	ntative)	2019 FEE
Gabrieta l		gnee) SRY	2019 555
	Komzweig	gnee).	2018 555
Gabrieta I	Komzweig	gnee) SRY	2018 FEED TO THE

Filing Fee: \$25.00