M1200005611

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Ĉit	ty/State/Zip/Phone	= #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

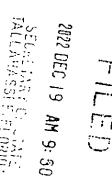
Office Use Only

A. RIVERS MAR - 8 2023



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COVER LETTER

то:	Registration Division of	n Section Corporations		
SUBJE	ECT: Broad	band of North Carolina. LLC	·	
		(Name of Fore	eign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdra	awal and fee(s) are submitted	d for filing.	
Please	return all corr	espondence concerning this	matter to the followin	g:
Kristit	1a Beck			_
		(Name of Person)		
Intes	erra Inc			_
		(Firm/Company)		
151.5	Southhall Land			_
		(Address)		
Maitl	and, FL 3275	1		_
		(City/State and Zip Code	e)	
For fur	ther informati	on concerning this matter, p	lease call:	
Krist	ina Beck		at (659-8748
	(N)	ame of Person)	(Area Code d	& Daytime Telephone Number)
	Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclos	sed is a check	for the following amount:		
X □\$25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Broadband of North Carolina, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
October 5, 2012 (Date registered with Florida Department of State)	
M12000005611	
(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: 12/31/2021 (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)	
Lisa Jill Freeman	
(Typed or printed name of signce)	

Filing Fee: \$25.00