M14000000416

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(D.)	siness Entity Nar	nol
ua)	siness Endry Nai	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

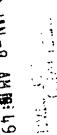




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O SIMMONS JAN 0 9 7019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 571655 4355598		
AUTHORIZATION: Smelle Renam		
COST LIMIT : \$25.00		
ORDER DATE : January 7, 2019		
ORDER TIME : 9:46 AM		
ORDER NO. : 571655-005		
CUSTOMER NO: 4355598		
FOREIGN FILINGS		
NAME: COM SOUTH, LLC		
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY		
XXXX WITHDRAWAL/CANCELLATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

0

COM South, LLC	
(Name of limited liab	lity company)
Delaware	بر. نن
(Jurisdiction of its o	rganization)
09/09/2014	
(Date registered with Florida	Department of State)
M14000006416	
(Florida Documen	t Number)
Effective Date, if other than the date of filing:	c and cannot be prior to date of filing or the applicable statutory filing requirements,
(Silgnature of authoriz	ed representative)
Derck H. Squire	
(Typed or printed r	name of signee)

Filing Fee: \$25.00