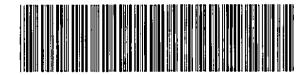
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(Requestor's Name)
(Reduestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. PRATHER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CORPORATE
LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER:

COVER LETTER

TO:

Registration Section

Divi	ision of	Corporations			
SUBJECT:	Comcast Enterprise Services, LLC				
		(Name of Fo	reign Limited Liability	Company)	
Dear Sir or M	iadam:				
The enclosed	withdr	awal and fee(s) are submitte	ed for filing.		
Please return	all con	respondence concerning this	matter to the following	g:	
Deborah Fen	nan				
		(Name of Person)		-	
Comcast					
		(Firm/Company)		-	
1701 JFK BI	vd.			_	
		(Address)		-	
Philadelphia,	PA 19	0103-2838			
	·	(City/State and Zip Cod	le)	-	
For further in	formati	on concerning this matter, p	olease call:		
Deborah Feman		215 at (286-3379		
	(N:	ame of Person)		k 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	for the following amount:			
□ \$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

Comcast Enterprise Services, LLC	∵ ⊃! >\	2018
(Name of limited liability		DEC.
Delaware		7
(Jurisdiction of its organ	nization)	P
10/21/2015	To the second se	ų
(Date registered with Florida Dep	partment of State)	_ე _
M15000008457		
(Florida Document Nu	ımber)	_
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific an more than 90 days after filing.) Note: If the date inserted in this block does not meet the this date will not be listed as the document's effective date.	applicable statutory filing requirements	
(Signature of authorized re	epresentative)	
Derek H. Squire		
(Typed or printed name	e of signee)	

Filing Fee: \$25.00