

MI60000001317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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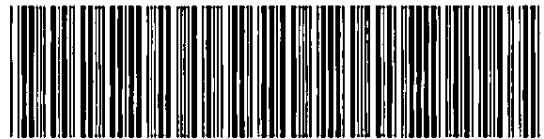
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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O SIMMONS

JAN 28 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 122061 4800163

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : January 3, 2020

ORDER TIME : 3:04 PM

ORDER NO. : 122061-115

CUSTOMER NO: 4800163

FOREIGN FILINGS

NAME: COMMScope CONNECTIVITY
SOLUTIONS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Foreign Limited Liability Company)

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

Connie Commean at (312) 861-8028
(Name of Person) (Area Code & Daytime Telephone Number)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

☐ \$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

COMMSCOPE CONNECTIVITY SOLUTIONS LLC

(Name of limited liability company)

MINNESOTA

(Jurisdiction of its organization)

02/17/2016

(Date registered with Florida Department of State)

M16000001317

(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: _____ (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)

Frank B. Wyatt, II, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

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