

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(F	Requestor's Name)	
(City/State/Zip/Phone #)	(/	Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		Address)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(0	City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status	PICK-UP		MAIL
Certified Copies Certificates of Status	(E	Business Entity Name)	
	([Document Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates of Sta	atus
	Special Instructions t	o Filing Officer:	



FIL.ED 2018 NOV -S AN 8: 30 SECAL ANASSEE, FL

13 NOV -5 PH 1:56

tav ~ 6

3. PRATHL



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

ACCOUNT NO. : I2000000195

COST LIMIT :

REFERENCE :

AUTHORIZATION

471159 4360800 ena. THE \$

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _

ORDER DATE : November 5, 2018

- ORDER TIME : 11:48 AM
- ORDER NO. : 471159-005

CUSTOMER NO: 4360800

•

FOREIGN FILINGS

NAME: SPRINTCOM EQUIPMENT COMPANY, LLC

CORPORATE LIMITED PARTNERSHIP XX 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: Roxanne Turner - EXT#

EXAMINER:

 OF WITHDRAWAL OF CERTIFICATE OF AUTHO	AL
	DRITY
SprintCom Equipment Company, LLC	SSE
 (Name of limited liability company)	<u></u>
Detaware	FLAT
 (Jurisdiction of its organization)	
June 22, 2016	
(Date registered with Florida Department of State)	. <u></u>
M16000005008	
 (Florida Document Number)	<u></u>

FILED

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 ____ (optional) 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)

Katie True-Awtry, Assistant Secretary

(Typed or printed name of signee)