

MIL0000008332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

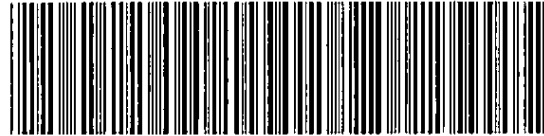
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2019 JAN -8 AM 10:04

TALLAHASSEE, FL

19 JAN -8 AM 10:50

S. PRATHER



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2019

CORPORATION SERVICE COMPANY

SUBJECT: COMCAST OF
ARKANSAS/FLORIDA/LOUISIANA/MINNESOTA/MISSISSIPPE/TENNESSEE,
INC.
Ref. Number: F06000000491

We have received your document for COMCAST OF
ARKANSAS/FLORIDA/LOUISIANA/MINNESOTA/MISSISSIPPE/TENNESSEE,
INC. and the authorization to debit your account in the amount of \$25.00.
However, the document has not been filed and is being returned for the following:

This Corporation filed for Withdrawal on 10/18/2016, therefore we cannot
process your request

If you have any questions concerning the filing of your document, please call
(850) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 019A00000579

RECEIVED
19 JAN 10 AM 10:35
2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 571644 4355598

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : January 7, 2019

ORDER TIME : 9:22 AM

ORDER NO. : 571644-025

CUSTOMER NO: 4355598

FOREIGN FILINGS

NAME: COMCAST OF ARKANSAS/FLORIDA/
LOUISIANA/MINNESOTA/
MISSISSIPPI/TENNESSEE, 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: Emily Croft - EXT# 62925

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Comcast of Arkansas/Florida/Louisiana/Minnesota/Mississippi/Tennessee, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/18/2016

(Date registered with Florida Department of State)

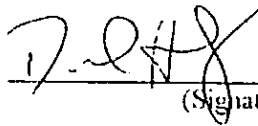
M16000008332

(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)

Derek H. Squire

(Typed or printed name of signee)

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Filing Fee: \$25.00