

MI8000002009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

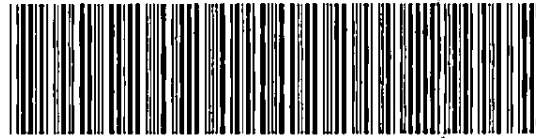
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 05 2019

19 FEB -4- PM 4:16

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

ACCOUNT NO. : I20000000195
REFERENCE : 612920 4355598
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 4, 2019
ORDER TIME : 3:38 PM
ORDER NO. : 612920-020
CUSTOMER NO: 4355598

FOREIGN FILINGS

NAME: COMCAST OF FLORIDA, 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 FLORIDA, L.L.C.

(Name of limited liability company)

WYOMING

(Jurisdiction of its organization)

FEBRUARY 27, 2018

(Date registered with Florida Department of State)

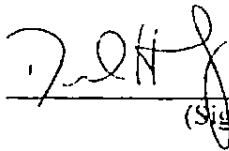
M18000002009

(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)

Filing Fee: \$25.00

FILED
19 FEB -4-M-8 11
SECRETARY OF STATE
PALM BEACH, FLORIDA