

M22000011547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

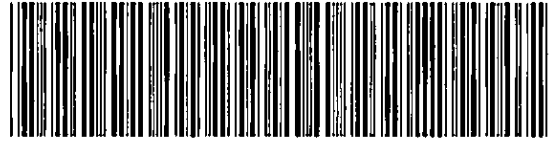
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED 2022 AUG -3 PM 2:35

FILED  
2022 AUG -3 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 JUL 28 PM 3:43  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2022

CABLEVISION LIGHTPATH LLC

SUBJECT: CABLEVISION LIGHTPATH LLC  
Ref. Number: M22000011547

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 822A00016989

RECEIVED

2022 AUG -2 AM 10:49

ALL AMES, FLORIDA

Holland & Knight

Requester's Name

315 South Calhoun Street, suite 600

Address

Tallahassee, FL 32301 (850)425-5686

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Cablevision Lightpath LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☒ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cablevision Lightpath LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Gillis  
\_\_\_\_\_  
(Name of Person)

Holland & Light LLP  
\_\_\_\_\_  
(Firm/Company)

315 S. Calhoun Street, Suite 600  
\_\_\_\_\_  
(Address)

Tallahassee, Florida 32301  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Gillis 850 425-5605  
\_\_\_\_\_  
(Name of Person) at (Area Code & Daytime Telephone Number)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**  
**2022 AUG -3 PM 2:35**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cablevision Lightpath LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

July 22, 2022

\_\_\_\_\_  
(Date registered with Florida Department of State)

M22000011547

\_\_\_\_\_  
(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.

DocuSigned by:

Christopher Yost

89E19E90AAD148E

\_\_\_\_\_  
(Signature of authorized representative)

Christopher Yost

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**