

F96000002982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
FILED  
13 OCT 29 PM 4:24 2013 OCT 29 PM 4:44  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DR  
10/30/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 864322 4380969

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : October 29, 2013

ORDER TIME : 3:52 PM

ORDER NO. : 864322-005

CUSTOMER NO: 4380969

FOREIGN FILINGS

NAME: HERITAGE PROPANE SERVICES CORP

XX CORPORATE  
       LIMITED PARTNERSHIP  
       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: Susie Knight - EXT# 52956

EXAMINER: \_\_\_\_\_

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2013 OCT 29 PM 4:44  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

HERITAGE PROPANE SERVICE CORP.

\_\_\_\_\_  
(Name of Corporation)

F96000002982

\_\_\_\_\_  
(Document Number of Corporation (if known))

DELAWARE

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

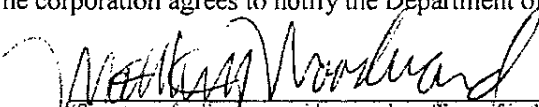
460 N. GULPH ROAD

\_\_\_\_\_  
(Mailing Address)

KING OF PRUSSIA, PA 19406

\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10-29-13

\_\_\_\_\_  
(Date)

Matthew A. Woodward

\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**