

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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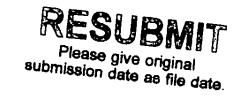


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EXAMINER: \_\_\_\_

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

ACCOUNT NO. : I2000000195	
REFERENCE : 345758 4380969	
AUTHORIZATION: Spelle Ren	
COST LIMIT : \$ 25.00	
ORDER DATE : July 8, 2020	,
ORDER TIME : 10:11 AM	
ORDER NO. : 345758-050	
CUSTOMER NO: 4380969	
<u>FOREIGN FILINGS</u> NAME: METRO LAWN, LLC	
CORPORATE LIMITED PARTNERSHIP XXX 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: Kadesha Roberson - EXT# 62980	





July 10, 2020

CSC

Please give original submission date as file date.

SUBJECT: METRO LAWN, LLC Ref. Number: M11000003207

We have received your document for METRO LAWN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, 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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 420A00013414

Division of Corporations D.O. DOV coor m. 11.1

## **COVER LETTER**

	gistration vision of C	Section Corporations		
SUBJECT:		awn, LLC		
SOBJECT	·	(Name of For	eign Limited Liability	(Company)
Dear Sir or	Madam:			
The enclose	d withdra	wal and fee(s) are submitte	d for filing.	
Please retur	n all corre	spondence concerning this	matter to the following	តិ:
Elizabeth /	A. Sabol,	Senior Paralegal		
		(Name of Person)		_
UGI Corpo	oration			
		(Firm/Company)	<del></del>	-
460 N. Gu	lph Road			
		(Address)		_
King of Pro	ussia, PA	19406		
	_	(City/State and Zip Cod	c)	_
For further i	inf <b>ormati</b> o	n concerning this matter, p	lease call:	
Elizabeth /	A. Sabol		610 at (	768-3811 )
	(Nar	ne of Person)	(Area Code &	& Daytime Telephone Number)
Re Di P.0	vision of O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check fo	or the following amount:		
□\$25 Filin	g Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Metro Lawn, LLC		
	(Name of limited liability company)	7,020
Delaware		( <u>-</u>
	(Jurisdiction of its organization)	
June 22, 2011		70 77
	(Date registered with Florida Department of State)	<u></u> ညှ
M11000003207		3: 26
	(Florida Document Number)	
more than 90 days aft Note: If the date inser	s listed, the date must be specific and cannot be prior to date er filing.) rted in this block does not meet the applicable statutory filin sted as the document's effective date on the Department of	g requirements.
	-Docusigned by: Monica M. Gandiosi -ACDD4CD02A8844C	_
	(Signature of authorized representative)	
Monica	n M. Gaudiosi, Vice President and General Counsel	
	(Typed or printed name of signee)	_

Filing Fee: \$25.00