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SECRETARY OF STATE 2020 JAN 14 AM 9: 12 2028 JEL 14 JELLO

O SIMMONS JAN 15 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 138885 7539224

AUTHORIZATION : Spelle Ken

COST LIMIT : \$\frac{1}{2}5.400

ORDER DATE: January 13, 2020

ORDER TIME : 9:44 AM

ORDER NO. : 138885-015

CUSTOMER NO: 7539224

FOREIGN FILINGS

NAME: FAS-OWB UTILITIES, 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

EXAMINER:

COVER LETTER

TQ: Registration Section **Division of Corporations** FAS-OWB Utilities, LLC... SUBJECT: ____ (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: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FAS-OWB Util	ities, LLC	
	(Name of limited liability company)	
Texas		SECKETAR TALLAH
	(Jurisdiction of its organization)	5 2 .
04/16/2012		TO STATE OF THE ST
	(Date registered with Florida Department of State)	
M12000002130		
	(Florida Document Number)	E 2
more than 90 Note: If the d	e date is listed, the date must be specific and cannot be prior to o days after filing.) ate inserted in this block does not meet the applicable statutory to not be listed as the document's effective date on the Department	Tiling requirements.
	Harin L. Robb	
	(Signature of authorized representative)	
	Karen L. Robb	
	(Typed or printed name of signee)	

Filing Fee: \$25.00