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## **COVER LETTER**

TO:		ration Se on of Co	ection rporations		
SUBJE		onald J.	Erickson, P.E., PLLC		
SODJE	ci		(Name of Fo	reign Limited Liabilit	у Сотрапу)
Dear Sii	r or Mac	lam:			
The enc	losed w	ithdrawa	al and fee(s) are submitte	ed for filing.	
Please r	eturn all	corresp	ondence concerning this	matter to the following	ng:
Donald	J. Erick	son			
			(Name of Person)		_
Donald	J. Erick	son, P.E	., PLLC		
			(Firm/Company)		_
2090 19	Mile R	oad			
			(Address)		_
Kent Ci	ity, MI -	49330			
			(City/State and Zip Coo	le)	
For furt	her info	rmation	concerning this matter, p	olease call:	
Donald	J. Erick	son		616 at (	887-7537
	-	(Name	of Person)		& Daytime Telephone Number)
	Regis Divisi P.O. I	ion of 6 Box 63	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	d is a cl	heck for	the following amount:		
■\$25 I	Filing Fo	ee [	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2020 FF7 21: PH 2: 21

February 7, 2020

DONALD J. ERICKSON 2090 19 MILE ROAD KENT CITY, MI 49330

SUBJECT: DONALD J. ERICKSON, P.E., PLLC

Ref. Number: M13000001293

We have received your document for DONALD J. ERICKSON, P.E., PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Letter Number: 520A00002808

Irene Albritton Regulatory Specialist II

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Donald J. Erickson, P.E., PLLC
(Name of limited liability company)
Michigan Page 1
(Jurisdiction of its organization)
February 26, 2013
(Date registered with Florida Department of State)
M13000001293
(Florida Document Number)
Effective Date, if other than the date of filing:
(Signature of authorized representative)
Donald J. Erickson, P.E.
(Typed or printed name of signee)

Filing Fee: \$25.00