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COVER LETTER

SUBJECT: Motors Liqu	
	(Name of Corporation)
DOCUMENT NUMBER: _	
The enclosed withdrawal ap	plication and fee are submitted for filing.
Please return all corresponder matter to the following:	nce concerning this
Tracie Nichols	
	(Name of Person)
Motors Liquidat	tion Company
	(Firm/Company)
500 Renaissan	ce Center, Suite 1400
	(Address)
Detroit, MI 482	43
-	(City/State and Zip code)
For further information conce	rning this matter, please call:
Tracie Nichols	at (313) 486-4044
(Name of Pers	

MAILING ADDRESS:

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Motors Liquidation Company

(Name of Corporation)		
(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 I voluntarily surrenders its authority to transact business or conduct affairs in Florida.	Florida and	l hereby
This corporation revokes the authority of its registered agent in Florida to accept service appoints the Department of State as its agent for service of process based on a cause of action time it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:	NUL .	Ξ
500 Renaissance Center, Suite 1400		ED
(Mailing Address)	PH 2: 2	D
Detroit, Mt 48243		
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the future of any change in its ma (Signature of a director, president of other officer - if in the hands of a receiver or other court appoint a fiduciary, by that fiduciary)	iling addres	ss.
James Selzer Vice President 8 (Typed or printed name of person signing) (Title of person s		<u></u>

FILING FEE \$35