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(Re	equestor's Name)				
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COVER LETTER

Division of Corpora	lions			
SUBJECT:	RMA Management Ser	vices, Inc.		
	(Name of Corpo			
DOCUMENT NUMBER: _	F022000002700			
The enclosed withdrawal ap	plication and fee are su	ubmitted for filing.		
Please return all correspond matter to the following:	ence concerning this			
	Alice Heus	el	_	
(Name of Person)				
RMA Management Services, Inc.				
(Firm/Company)				
P.O. Box 19898				
(Address)				
Atlanta, GA 30325				
(City/State and Zip code)				
For further information conc	erning this matter, please	e call:		
Alice Heus	<u>∍l</u> at	770 564 4175		
(Name of Pers	son)	(Area Code & Daytime Telephone	Number)	
STREET ADDI	RESS:	MAILING ADDRESS:		

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL. 32301

2661 Executive Center Circle

To:

Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL. 32314

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

RMA Management Services, Inc	<u> </u>
(Name of Corporation)	FILED 1:3
F02000002700	E
(Document Number of Corporation (if kno	wn)
	To see
Ohio	31 31
(Incorporated Under Laws of)	P
(,	
This corporation is no longer transacting business or conducting hereby voluntarily surrenders its authority to transact business or conducting	
This corporation revokes the authority of its registered agent in Floappoints the Department of State as its agent for service of producing the time it was authorized to transact business or conduct a	ess based on a cause of action arising
The following is a current mailing address for the corporation:	
P.O. Box19898	
(Mailing Address)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Atlanta, GA 30325	
Atlanta, GA 30325 (City/State/Zip)	
(0.0),000.012.p/	
The corporation agrees to notify the Department of State in the fut	ure of any change in its mailing address.
Alu Heirer	10/20/05
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Alice Heusel	President
(Typed or printed name of person signing)	(Title of person signing)
V.AC C. B C. L. B	

FILING FEE \$35