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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MATRIX MECHANICAL SERVICES, INC.		
(Name of corporation)		
DOCUMENT NUMBER: FOR OCCOOSTRIC		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ANN-MARIE E. FONTAINE, CFO		
(Name of Person)		
MATRIX MECHANICAL SERVICES, INC		
(Firm/Company)		
PO BOX 32		
(Address)		
PASCOAG, RI 02859		
(City/State and Zip code)		
For further information concerning this matter, please call:		
EDWARD DILLON at (401) 762-3200		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399 MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314		

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

MATRIX MECHANICAL SERVICES, INC;

(Name of Corporation)
F6200005786
(Document Number of Corporation (if known)
RI COL
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
PO BOX 32
(Mailing Address)
PASCOAG, RI 02589
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
David Jarry (Typed or printed name of person signing) President (Title of person signing)
FILING FEE \$35