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SECRETARY OF SIMILINE DIVISION OF CORPORATIONS

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### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Recording Musician's Association of The U.S. AMI (Name of Corporation) Canada, Inc.
DOCUMENT NUMBER: F 04 00000 6874
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LEE LEVIN
(Name of Person)
(Firm/Company)
1951 NW 167 W (Address)
(Address)
Pembrote Pines, FL 3302B
(City/State and Zip code)
For further information concerning this matter, please call:
LEE LEVIN at (954) 290-0830
(Name of Person) (Area Code & Daytime Telephone Number)

## 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

- Kecording Whisician's Associamon OF MC (15, ANC
(Name of Corporation) Canada, INC,
(Document Number of Corporation (if known)
(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:
RMA - BIT VIAE STREET SiTE 209 FF ORRETTED AND SECRET FILE CORPOR SIAL (City/State/Zip)
(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)
(Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**