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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HML SERVICES INC. (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: FOSO0004619
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAW OFFICES OF A. FISHKIN
(Name of Person)
(Firm/Company)
366 AMSTERDAM AVENUE, #176
366 AMSTERDAM AVENUE, #176 NEW YORK NY 10024
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (9/7) 763-3266 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52 50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is Enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL, 32314Tallahassee, FL, 32301

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

71011	ORITY TO TRANSACT BUSINESS OR CONDUCT				
	HML SERVICES	: INC			
	(Name of Corporation)				
	F0500000 4619				
	(Document Number of Corporation (if known)				
	STATE OF DELAW (Incorporated Under Laws of)	APE	<u> </u>	e se de Caraca Caraca	
	(Incorporated Under Laws of)				
	poration is no longer transacting business or conducting affairs within ily surrenders its authority to transact business or conduct affairs in Flo		orida and	I hereby	-3
appoints	poration revokes the authority of its registered agent in Florida to a the Department of State as its agent for service of process based on it was authorized to transact business or conduct affairs in Florida.				
The follo	owing is a current mailing address for the corporation:				
	C/o LAW OFFICES OF A. Fish	4 Kin			
	366 AMSTEPDAM AVENUE #17		YOR	k, N)	1,0024
The corp	poration agrees to notify the Department of State in the future of any ch	ange in its mai	ling addr	ess.	
C	enature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	6/13//	14		
-	A. Riskin (Typed or printed name of person signing)	OP ESIDE	ENT		

FILING FEE \$35