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COVER LETTER ...

TO:	Amendment Section Division of Corporations			
SUBJ	Oppenheimer Life Agency LTD			
5000		(Name of Corporation)	_	
DOC	UMENT NUMBER: F06000004524			
The e	nclosed withdrawal application and f	Tee are submitted for filing.		
Please	e return all correspondence concerning	this matter to the following:		
	Diana Sur			
		(Name of Person)		
	Oppenheimer Life Agency LTD			
		(Firm/Company)		
	85 Broad Street			=
		(Address)	9 (ិទ្ធិភា ទេសា ទេសា
	New York, NY 10004		030	
	(C	ity/State and Zip code)	<u> 2</u>	ر ماند زر.
For fu	orther information concerning this matt	ter, please call:	16 PM12:	0F ST
Diana	Sur	at (212) 668-8955	-	OLLY 31V
	(Name of Person)	(Area Code & Daytime Telephone Nur	nber)	7
Enclo	sed is a check for the amount:			
№ 83	5 Filing Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Copy (Additional copy		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

Oppenheimer Life Agency LTD

	(Name of Corporat	ion)	
	F06000004524		
	(Document Number of Corpora	tion (if known)	
	New York		<u>.</u>
	(Incorporated Under L	aws of)	
voluntar	poration is no longer transacting business or conductivity surrenders its authority to transact business or concerporation revokes the authority of its registered agent	luct affairs in Florida.	·
appoints	the Department of State as its agent for service of provas authorized to transact business or conduct affairs in	cess based on a cause of action ari	
The foll	owing is a current mailing address for the corporation:		SEURE) 19 DEC
	85 Broad Street		
	(Mailing Address	()	E
	New York, NY 10004		6 PH 12:
	(City/ State /Zip)	TIONS
The cor	poration agrees to notify the Department of State in the	e future of any change in its mailin	g address.
_	Signature of a director, president or other officer = if in the hands of a	12 12 19 (Date)	
	receiver or other court appointed fiduciary, by that fiduciary)		
	Dennis P. McNamara	Secretary	
•	(Typed or printed name of person signing)	(Title of person signing	ig)

FILING FEE \$35