

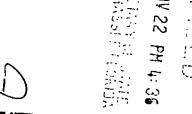
	<u>181</u>
	or's Name)
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R. WHITE 800 27 2017

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: <u>TRI-MOON</u>	MUSIC, INC.
	(Name of Corporation)
DOCUMENT NUMBER: <i>F 9</i>	3000004643
The enclosed withdrawal application	and fee are submitted for filing.
Please return all correspondence conce matter to the following:	rning this
CHR195	(Name of Person)
TR1-16	OON MUSIC, INC.
	(Firm/Company)
P. O. B.	0× 11221
	(Address)
t o b	I AUDIONAL FLODINA 22220
	(City/State and Zip code)
For further information concerning this	s matter, please call:
CHRISTINE COSENTING	<u>1 at (954) 257-1448</u>
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee Certificate of \$1	
MAILING ADDRESS	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporation	·
P.O. Box 6327	2661 Executive Center Circle
Talfahassee, FL.3231	Tallahassee, FL, 32301

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

TRI-MOON MUSIC INC. (Name of Corporation)	
F 9 3 0 0 0 0 4 6 4 3 (Document Number of Corporation (if known)	
DELAWARE (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and h voluntarily surrenders its authority to transact business or conduct affairs in Florida.	ereby
This corporation revokes the authority of its registered agent in Florida to accept service on its behal appoints the Department of State as its agent for service of process based on a cause of action arising dethe time it was authorized to transact business or conduct affairs in Florida.	If and luring
The following is a current mailing address for the corporation: $ \frac{f, \rho, \beta \rho \chi 1 2 2 1}{\text{(Mailing Address)}} $	
$ \begin{array}{c cccc} f, Q, & B & 0 & 1 & 1 & 2 & 2 & 2 \\ \hline & & & & & & & & & & & & & & & & & & &$	122
FORT LAUDERDALE, FLORIDA 33339 (City/ State /Zip)	
FORT LAUDERDALE FLORIDA 33339 EE S	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address	s.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	_
CHRISTINE COSENTINO FRESIDENT (Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35