M96000000487

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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 582281 4377650 AUTHORIZATION COST LIMIT ORDER DATE: April 3, 2017 ORDER TIME : 1:08 PM ORDER NO. : 582281-090 CUSTOMER NO: 4377650 FOREIGN FILINGS NAME: SONY/ATV LATIN MUSIC PUBLISHING LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

COVER LETTER

	ration Section on of Corporations		
SUBJECT: _	iony/ATV Latin Music Pu	ublishing LLC	
	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or Mac	dam:		
The enclosed w	ithdrawal and fee(s) are submitt	ed for filing.	
Please return al	correspondence concerning thi	s matter to the following	3:
Anne Marie	Mosera		
	(Name of Person)		-
Sony Corpo	pration of America		
	(Firm/Company)		-
25 Madison	Avenue, 26th floor, SC	A Legal Dept	
	(Address)		-
New York, I	NY 10010		
	(City/State and Zip Co	de)	-
For further info	rmation concerning this matter, p	please call:	
Anne Marie	Mosera	212	833-8460
	(Name of Person)		Daytime Telephone Number)
Registr Divisio	ET/COURIER ADDRESS: ation Section on of Corporations Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
	xecutive Center Circle Issee, Florida 32301	Tallahassee, Florida 32314	
Coclosed is a cl	neck for the following amount:	:	
Z \$ 25 Filing Fe	e S30 Filing Fee & Certificate of Status	Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sony/ATV Latin Music Publishing LLC (Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	, , , , , , , , , , , , , , , , , , ,
December 6, 1996	
(Date registered with Florida Department of State)	
M9600000487	J. n
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	APR 10
_	
(Signature of authorized representative)	
(Signature of authorized representative)	
Joseph S. Puzio	
(Typed or printed name of signee)	

Filing Fee: \$25.00