

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

GENERAL MOTORS CORPORATION

CASE NO: 2009-50026 (REG)
CHAPTER 11

Debtor(s)
_____ /

NOTICE OF WITHDRAWAL OF CLAIM PURSUANT TO FEDERAL RULES
OF BANKRUPTCY PROCEDURE 3006

[This pleading is filed by Doug Belden
Tax Collector of Hillsborough County, Florida]

PLEASE TAKE NOTICE that, pursuant to Rule 3006 of the Federal Rules
of Bankruptcy Procedure, The Hillsborough County, Florida Tax Collector hereby
withdraws claim number (s) **65962** previously filed in this matter.

As reason therefore, Counsel hereby informs the court that taxes sought to be collected by the
Tax Collector's office has been paid in full.

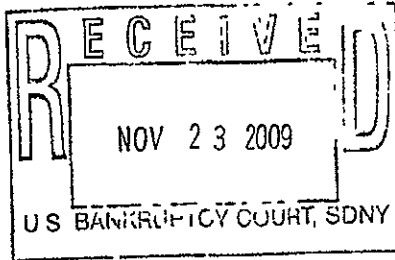

Respectfully submitted,

/s/ Brian T. FitzGerald
Brian T. FitzGerald, Esquire

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document has been furnished by U.S.
Mail or Electronic Filing to: HARVEY R MILLER STEPHEN KAROTKIN JOSEPH H
SMOLINSKY 767 FIFTH AVE NEW YORK NY 10153 on this 23RD day of
DECEMBER, 2009.

/s/ Brian T. FitzGerald
Brian T. FitzGerald, Esquire
Senior Assistant County Attorney
Florida Bar No. 484067
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Tampa, Florida 33602
Office (813) 635-5216 Fax (813) 307-6221
Attorney for Doug Belden
Tax Collector of Hillsborough
County, Florida

United States Bankruptcy Court		SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM	
Name of Debtor GENERAL MOTORS CORPORATION		Case Number 2009-50026(REG)			
NOTE This form should not be used to make a claim for administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property) Doug Belden, Hillsborough County Tax Collector		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the Bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		This space is for Court Use only	
Name and address where notices should be sent FAX COLLECTOR, Hillsborough County ATTN Doug Belden P O Box 172920 601 E. Kennedy Blvd 14th Floor Tampa Florida 33672-2920					
Telephone number (813) 635-5210 x5466 FAX (813) 612-6749		Account or other number by which creditor identifies debtor 42001 2086		Check here <input type="checkbox"/> Replaces If this claim <input type="checkbox"/> Amends A previously filed claim dated <u>Date Of First Claim</u>	
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes (Florida Statute 197.122) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Other _____		<input type="checkbox"/> Services performed <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ <input type="checkbox"/> Unpaid compensation for service performed from _____ to _____ (date) (date)			
2 Date debt was incurred January 1, 2009		3 If court judgment, date obtained Date of Judgement (Delinquent Personal Property)			
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. Unsecured Nonpriority Claim \$ _____					
<input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) non or only part of your claim is entitled to priority.					
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950) *earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other- Specify applicable paragraph of 11 U.S.C. § 507(a)(____) * Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other <input checked="" type="checkbox"/> Tangible Personal Property Value of Collateral \$ 108,400 Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____			
5 Total Amount of Claim at Time Case Filed		\$ 1704 35	\$ 1704 35		
		(unsecured)	(secured)	(priority)	(total)
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only			
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of funding accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.					
Date November 18, 2009	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <i>/s/ Xiomara Gonzalez</i> Xiomara Gonzalez, for Doug Belden, Tax Collector				
Penalty for presenting fraudulent claim: Fine of up to \$5000.00 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.					

claim # 65962

FILED - 65962
 MOTORS LIQUIDATION COMPANY
 F/K/A GENERAL MOTORS CORP
 SDNY # 09-50026 (REG)