Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001535193)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL **OBAGI PHARMACY OPERATIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

JUN 23 2015

C McNAIR

COVER LETTER

TO:		endment Section sion of Corporations			H 2: 50	
CITE	JECT:	OPO Inc			恶 5	ŧ
305			(Name of Corporation	1)	 * *	
DOC	UME	NT NUMBER:			_	
The e	enclose	d withdrawal application and f	ee are submitted for fi	ling.		
		n all correspondence concerning e following:	this			
	Pa	n Lewis				
	_		(Name of Person)			
Valeant Pharmaceuticals International, Inc.						
(Firm/Company)						
50 Technology Drive						
(Address)						
	In	lne, CA 92646				
	_	(C	ity/State and Zip code)		
For f	iurther	information concerning this matt	er, please call:			
Pam Lewis		•	98-5773			
Encl	osed is	(Name of Person) a check for the amount:	(Area Cod	le & Daytime Telephone Nur	nber)	-
s:	35 Fili	ng Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status &		i)
		MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circ Tallahassee, FL. 32301	:le	

OPO, Inc. d/b/a Obagi Pharmacy Operations, Inc.

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

	(Name of Corporati	ion)		
	F13000000512			
	(Document Number of Corporation (if known)			
	Delaware			
	(Incorporated Under L	aws of)		
	rporation is no longer transacting business or conducti rily surrenders its authority to transact business or cond			
appoint	reporation revokes the authority of its registered agen is the Department of State as its agent for service of p it was authorized to transact business or conduct affai	rocess based on a cause of action arising during		
The fol	lowing is a current mailing address for the corporation:	:		
	400 Somerset Corporate Blvd.	• •		
	(Mailing Address	3)		
	Bridgewater, NJ 08807			
	(City/ State /Zip)		
The cor	poration agrees to notify the Department of State in the			
	(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiductary, by that fiductary)	06/18/2015 (Date)		
	Presson Romm	President		
	(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35