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To:

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Account Name

: C T CORPORATION SYSTEM

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Account Number : FCA000000023 : (850)205-8842

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## DISSOLUTION OR WITHDRAWAL **OIOPT ACQUISITION CORP.**

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Tallahassee, FL.32314

12 - 05/15/2011 Wolfers Planter College

## **COVER LETTER**

TO:			
	Division of Corporations		
SUBJ	BJECT: OIOPT Acquisition Corp.	66	
	(Na	me of Corporation	n)
DOC	CUMENT NUMBER: <u>F04000002629</u>		
The e	enclosed withdrawal application and fee a	re submitted for fi	ling.
	se return all correspondence concerning this er to the following:		
	Kaplan Inc. Atm: Ashley Pomonis		
	(Na	ame of Person)	
	OIOPT Acquisition Corp.		
	(F)	rm/Company)	
	550 West Van Buren St., Suite 600		
		(Address)	
	Chicago, Illinois 60607		
	(City/S	state and Zip code	)
For fi	further information concerning this matter, p	lease call:	
Ashley	ey Pomonis	at (312 )3	85-1246
Enclo	(Name of Person) osed is a check for the amount:	(Area Coo	le & Daytime Telephone Number)
\$3	Certificate of Status Ce	43.75 Filing Fee & extified Copy Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

OIOPT Acquisition Corp.

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

(Name of Corporation)

(Document Number of Corporation (if known)				
Delaware				
(Incorporated Under Laws	of)			
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct				
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs it	ess based on a cause of action arising during			
The following is a current mailing address for the corporation:	286			
Kaplan Inc., Attn: Legal Department 550 West Van Buren St., St	nite 600			
(Mailing Address)	22 P			
Chicago, Illinois 60607				
(City/ State /Zip)	CREATE TO THE PROPERTY OF THE			
The corporation agrees to notify the Department of State in the fu				
- f	January 21, 2016			
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)			
Christopher Neumann	Assistant Secretary			
(Typed or printed name of person signing)	(Title of person signing)			

**FILING FEE \$35**