## Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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Fax Number : (850)617-6380

From:

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Account Number : FCA000000023 Phone

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: (850)878-5368

## DISSOLUTION OR WITHDRAWAL LERNER NEW YORK OUTLET, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
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30190	ECT; Denot the sour county since	(Name of Corpor	ration)
DOC	UMENT NUMBER: F10000000682		
The e	nclosed withdrawal application an	d fee are submitted f	or filing.
	e return all correspondence concerni r to the following:	ng this	•
	Thomas V. Magaldi	(Name of Corporation)  IER: F10000000682  IVAI application and fee are submitted for filing.  pondence concerning this  is add  (Name of Person)  k Outlet, Inc.  (Firm/Company)  Street, 6th Floor  (Address)  10001  (City/Stake and Zip code)  is concerning this matter, please call:  at (212	
		(Name of Person	me of Person)  (Address)  (Address)  (ate and Zip code)  (asso call:  at (212
	Lerner New York Outlet, Inc.		
		(Name of Corporations  (P.; Lemer New York Outlet, Inc.  (Name of Corporation)  ENT NUMBER: P10000000682  and withdrawal application and fee are submitted for filing.  In all correspondence concerning this he following:  In all correspondence concerning this he following:  In all correspondence concerning this he following:  (Name of Person)  (Firm/Company)  (Outlet, Inc.  (Firm/Company)  (Outlet, Inc.  (Firm/Company)  (Outlet, NY 1000)  (City/Stake and Zip code)  (Information concerning this matter, please call:  (Name of Person)  (Area Code & Daytime Telephone Number)  a check for the amount:  (Name of Person)  (Area Code & Daytime Telephone Number)  a check for the amount:  (Name of Status Certified Copy  (Additional copy is Enclosed)  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327  2661 Executive Center Circle	
	330 West 34th Street, 6th Ploor		
		(Address)	
	New York, NY 10001		
		(City/State and Zip o	code)
For fu	rther information concerning this ma	atter, please call:	
Thoma	a V. Magaldi	212 et (	884-2130
Englo	(Name of Person) sed is a check for the amount:		Code & Daytime Telephone Number)
<b>\$3</b> 5		Certified Copy  (Additional cop	Certificate of Status & Certified
	Amendment Section Division of Corporations		Amendment Section Division of Corporations 2661 Executive Center Circle

FILEU

2015 AUG 26 AM 8: 00

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

	(Name of Corporation)
	F10000000682
	(Document Number of Corporation (If known)
	Massachusetts
	(Incorporated Under Laws of)
	exporation is no longer transacting business or conducting affairs within the State of Florida and here utily surrenders its authority to transact business or conduct affairs in Florida.
ppoin	orporation revokes the authority of its registered agent in Florida to accept service on its behalf a its the Department of State as its agent for service of process based on a cause of action arising during it was authorized to transact business or conduct affairs in Florida.
he fo	lowing is a current mailing address for the corporation:
	330 WEST 34th STREET, 6th Floor
	(Mailing Address)
	NY, NY 10001
	(City/ State /Zip)
he co	rporation agrees to notify the Department of State in the future of any change in its mailing address.
	MM EVAN 8-25-2015
	(Signature of a director, president or other officer - if in the hands of a resolver or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of parson algulary) (Title of person algulary)

FILING FEE \$35