	(Requestor's Name)	
`	(requesion s mante)	
	(Address)	
,	(Address)	
 	(Address)	
· ·	(Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
 (Business Entity Name)	
((Document Number)	
Tenified Copies	_ Certificates of St	atus
Special Instructions to i	Filing Officer:	

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000398560420

Withdrawal

2022 DEC -7 AM 11: 22

A. RAMSEY
DEC -8 2022

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 080873 7912338
AUTHORIZATION STREET REAL
COST LIMIT : \$35.00
ORDER DATE: October 26, 2022
ORDER TIME: 1:43 PM
ORDER NO. : 080873-040
CUSTOMER NO: 7912338
FOREIGN FILINGS
NAME: OTONOMY, INC.
XX 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
CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporat	
SUBJECT: Otonomy, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER:	F15000001815
The enclosed withdrawal a	pplication and fee are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For further information conc	cerning this matter, please call:
(Name of Per	son) at (
Enclosed is a check for the a	mount:
	5 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, icate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	The Centre of Tallahassee

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

Otonomy, Inc.

	ion)
F15000001815	2022
(Document Number of Corpora	ition (if known)
Delaware 04/28/2015	
(Incorporated Under Laws of and date authorized to tr	ansact business/conduct its affairs)
luntarily surrenders its authority to transact business or cond is corporation revokes the authority of its registered agen points the Department of State as its agent for service of pro- ne it was authorized to transact business or conduct affairs in e following is a current mailing address for the corporation:	it in Florida to accept service on its behalf and cess based on a cause of action arising during the Florida.
c/o Jim Branch, 4796 Executive Drive	
c/o Jim Branch, 4796 Executive Drive (Mailing Address	3)
	s)
(Mailing Address	
(Mailing Address San Diego, CA 92121)
San Diego, CA 92121 (City/ State /Zip) e corporation agrees to notify the Department of State in the	future of any change in its mailing address.

FILING FEE \$35