F94000004355

(Requestor's Name)	_
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	1
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Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

Withdrawalleus a 2/4/09

COVER LETTER

	nent Section of Corporat	ions	
SUBJECT: _	The	Izod	Corporation
			(Name of Corporation)
DOCUMENT	NUMBER:	·····	
The enclosed w	ithdrawal a _l	plication	and fee are submitted for filing.
Please return all	•	ence conce	rning this
		Davi	d Glwas
			(Name of Person)
		Philli	ps Van Heusen Corp.
····		· · · · · ·	(Firm/Company)
		Pu	Box 6969
			(Address)
	•	Base	Water NJ 08807 "
			(City/State and Zip code)
For further info	mation conc	erning this	s matter, please call:
	Gloves		at (908) 698 - 6535
(Name of Per	son)	(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 6, 2008

BOB FILEWICZ 1001 FRONTIER ROAD BRIDGEWATER, NJ 08807

SUBJECT: THE IZOD CORPORATION

Ref. Number: F94000004355

We have received your document for THE IZOD CORPORATION and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 308A00056462

Irene Albritton
Regulatory Specialist II

DO DOY GOOD WILL BY 11 99914

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

The Ized Corporation (Name of Corporation)
(Name of Corporation)
(Document Number of Corporation (if known) Prnsylvania (Incorporated Under Laws of)
(Document Number of Corporation (if known)
(*************************************
Prnsylvania (Incorporated Under Laws of)
(Incorporated Under Laws of)
· · · · · · · · · · · · · · · · · · ·
This corporation is no longer transacting business or conducting affairs within the State of Florida and here voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf a appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
Po Box 6969 (Mailing Address)
(Mailing Address)
Bridgeweter NJ 08807 (City/State/Zin)
(City/ State /Zip)
·
·
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
2/2/m 011. 1
(Signature of a director, president or other officer if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
receiver or other court appointed fiduciary, by that fiduciary)
Tohn M. Allan Jr. (Typed or printed name of berson signing) (Title of person signing)
Tolan M. Allan Jr. ASSI. Secretary (Typed or printed name of person signing) (Title of person signing)
•

FILING FEE \$35