# M02000001556

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SECRETARY OF STATE
ASSEE FLORIDA

J. BRYAN
DEC 27 2012
EXAMINER

# **COVER LETTER**

TO:	Registration Section Division of Corporation		
	Tommy I		

Hilfiger Retail, LLC. (Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Glovas		
(Name of Person)		
PVH Corp.		
(Firm/Company)		
PO Box 6969		
(Address)		

Bridgewater, NJ 08807

(City/State and Zip Code)

For further information concerning this matter, please call:

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(Name of Person)

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

### Enclosed is a check for the following amount:

grand the state of the state of ♀ \$25 Filing Fee 🐎 🗖 \$30 Filing Fee & 🕮 🗅 \$55 Filing Fee &

□ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Tommy Hilfiger Retail, LLC.	
(Name of limited liability company)	-
Delaware	_
(Jurisdiction of its organization)	_
M0200001556	
(Florida Document Number)	_
This limited liability company is no longer transacting business in Florida and surrenders it authority to transact business in this state.	s
This limited liability company revokes the authority of its registered agent to accept service on it behalf and appoints the Department of State as its agent for service of process based on a caus of action arising during the time it was authorized to transact business in Florida.	s e
Corporation Service Company, 1201 Hays Street	
(Mailing address)	
Tallahassee, FL 32301-2525	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any chang in its mailing address.	e
(Signature of member or authorized representative of a member)	
John M. Allan Jr.	
John M. Allan Jr.  (Typed or printed name of signee)  NECRE IARY OF STATE ASSEE, FLORIDE	FILED

Filing Fee: \$25.00