

M020000001556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

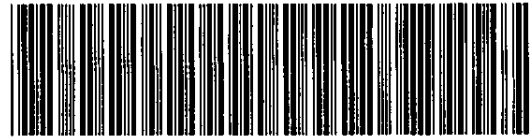
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300242950703

12/26/12--01043--018 \*\*25

12/26/12--01043--018 \*\*25.00

2012 DEC 26 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. BRYAN

DEC 27 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tommy 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)

**FILED**  
2012 DEC 26 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Glovas at (908) 698-6535  
(Name of Person) (Area Code & Daytime Telephone Number)

**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:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

2012 DEC 26 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

**M02000001556**

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

**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 change in its mailing address.

*John M. Allan Jr.*

(Signature of member or authorized representative of a member)

**John M. Allan Jr.**

(Typed or printed name of signee)

2012 DEC 26 AM 10: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**Filing Fee: \$25.00**