MOY GO GCC4LSI

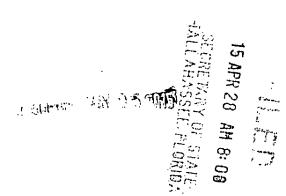
(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900272176209

04/28/15--01020--010 **25.00



COVER LETTER

	gistration : rision of C	Section Corporations		
SUBJECT:	Wear	Me Apparel LLC		
3000001.		(Name of Fore	eign Limited Liability (Company)
Dear Sir or M	Madam:			
The enclosed	d withdrav	wal and fee(s) are submitted	l for filing.	
Please return	all corre	spondence concerning this	matter to the following	:
Arthur Ra	abin			
		(Name of Person)		
Wear Me	Appar	el LLC		
	· · · · · ·	(Firm/Company)		•
350 Fifth	Avenu	e 9th Floor		
		(Address)		
New York	k, NY 1	0118		
		(City/State and Zip Code	e)	•
For further i	nformatic	n concerning this matter, p	lease call:	
Arthur Ra	abin		212 at (601-2858
	(Na	me of Person)		Daytime Telephone Number)
Rej Div Cli 266	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		eration Section on of Corporations Box 6327	
		for the following amount:		
☑ \$25 Filin		☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Wear Me Appare	el LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
09/25/2002		
	(Date registered with Florida Department of State)	
71-0905923		
	(Florida Document Number)	
	(Signature of authorized representative)	
Arti	hur Rabin	
	(Typed of printed finance of signee)	15 APR 28 AM CO

Filing Fee: \$25.00