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T RPOMA

COVER LETTER

Division of			
GOLE	TOEMORETZ, LLC		
SUBJECT:	(Name of Fore	eign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wai and fee(s) are submitted	l for filing.	1
Please return all corre	espondence concerning this	matter to the following	:
STACEY O'CO	NNOR		
	(Name of Person)		•
GILDAN ACTIV	EWEAR INC.		•
	(Firm/Company)		· ,
600 BOULEVA	RD DE MAISONNEU	VE WEST, 33RD	
	(Address)		•
MONTREAL, Q	UEBEC, CANADA H	3A 3J2	
	(City/State and Zip Cod	e)	- ,
For further informati	on concerning this matter, p	lease call:	
STACEY O'CONNOR		514	343-8871
(N	ame of Person)		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

THORITY ONLY

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORIT

GOLDTOEMORETZ, LLC
(Name of limited liability company)
DELWARE
(Jurisdiction of its organization)
10/03/2011
(Date registered with Florida Department of State)
M11000004977
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) EDWARD H. CARROLL
(Typed or printed name of signee)

Filing Fee: \$25.00