

MI6000008188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

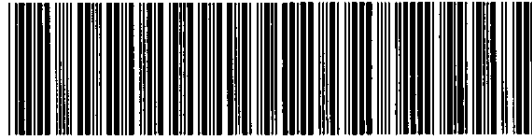
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300299610313

05/24/17--01018--013 **55.00

RECEIVED
DEPARTMENT OF S.C.P.
17 MAY 24 PM 2:40

FILED
2017 MAY 24 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 25 2017
J. HARRIS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP:

5/24

☒ **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

Certificate of withdrawal

1.

MY-OP(NY)LLC - 052317895 NJ
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MY-OP (NY) 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:

Joe Doup

(Name of Person)

Luxottica Retail North America Inc.

(Firm/Company)

4000 Luxottica Place

(Address)

Mason, OH 45040

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Doup

(Name of Person)

at (513)

885-3573
(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MY-OP (NY) LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


10/13/2016

(Date registered with Florida Department of State)

M16000008188

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Michael A. Boxer

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2017 MAY 24 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA