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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: COGENCY GLOBAL, INC. Account Name

Account Number: I2000000088 Phone

: (800)221-0102

Fax Number

: (800)944-6607

## LLC DISSOLUTION OR WITHDRAWAL VINIK ASSET MANAGEMENT LLC

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## **COVER LETTER**

TO: Registration of	n Section Corporations		
Vinik	Asset Management LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitted	d for filing.	
Please return all cort	respondence concerning this	matter to the followin	g:
	Milagros Lopez		
	(Name of Person)		_
	Schulte Roth & Zabel LLP		
11 11770	(Firm/Company)	1-21-41-414-	_
	919 Third Avenue		
	(Address)		-
	New York, NY 10022		
	(City/State and Zip Code	c)	-
For further informat	ion concerning this matter, p	lease call:	
М	ilagros Lopez	516 at (	567-2078
(N	ame of Person)		Č Daytime Telephone Number)
Division P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	■S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Vinik Asset Management LLC		
(Name of limited liability company)		
Delaware	71	CB
(Jurisdiction of its organization)	2020	
February 18, 2019	VICE	1
(Date registered with Florida Department of State)	<u> </u>	
M19000001713	ט	-
(Florida Document Number)		
	2և	
This limited liability company is withdrawing its certificate of authority in this sta		
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S	g requirem	ents,
(Signature of authorized representative)  Mark Hostetter	-	
(Typed or printed name of signee)	-	

Filing Fee: \$25.00