

P22337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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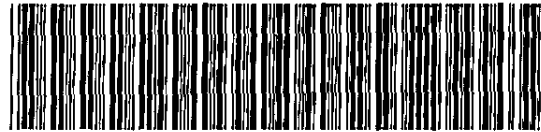
(Business Entity Name)

(Document Number)

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Withdrawal

FILED

05 JUL -7 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

01 JUL -7 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
7/7/05



CORPORATION SERVICE COMPANY

File 1st

ACCOUNT NO. : 072100000032

REFERENCE : 467644 4331295

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 35.00

ORDER DATE : July 6, 2005

ORDER TIME : 9:37 AM

ORDER NO. : 467644-010

CUSTOMER NO: 4331295

CUSTOMER: Ms. Patricia E. Donnelly
The Estee Lauder Companies
40th Floor
767 Fifth Avenue
New York, NY 10153

FOREIGN FILINGS

NAME: CLINIQUE SERVICES INC.

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: DEBBIE SKIPPER

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

FILED
05 JUL 11 2005
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Clinique Services Inc.

(Name of Corporation)

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

767 Fifth Avenue

(Mailing Address)

New York, NY 10153

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Robin S. Elkowitz
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

June 30, 2005

(Date)

Robin S. Elkowitz

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35