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SECRETARY OF STATE
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D. BRUCE

APR 29 2010

EXAMINES



COVER LETTER

	ion Section of Corporations			
SUBJECT: CV	S 75580 FL, L.L.C.			
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madar	n:			
The enclosed with	drawal and fee(s) are submitte	ed for filing.		
Please return all c	orrespondence concerning this	s matter to the following	g :	
Melanie Luker				
	(Name of Person)		•	
CVS Pharmacy, I	10.			
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·		配合 6
One CVS Drive, I	.cgal Dept			O APR 28 PM 12: 52 SECRETARY OF STATE ALLAHASSEE, FLORIC
	(Address)		•	RY SSE
Woonsocket RI 02	2895			OF S
	(City/State and Zip Coo	le)		52 ORID
For further inform	ation concerning this matter, p	please call:		
Melanie Luker		at (<u>401</u>	770-3565	
	(Name of Person)	(Area Code &	Daytime Telephone Number)	
Registrati Division Clifton B 2661 Exe	COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ec, Florida 32301	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a chec	ck for the following amount:			
■ \$25 Filing Fee	■ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	■ \$60 Filing Fec, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CVS 75580 FL, L.L.C.
(Name of limited liability company)
DE
(Jurisdiction of its organization)
M0700000 4973
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent 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 in Florida.
One CVS Drive, Legal Department
(Mailing address)
Woonsocket RI 02895
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. (Signature of member of authorized representative of a member)

Filing Fee: \$25.00

Mclanie K Luker, Authorized Representative of Member

(Typed or printed name of signee)