



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001133673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL SOPCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations	. •	
CTIBI	ECT: SOPCO, Inc.		
(Name of Corporation)			
	,	Amen or corporation)	
DOCI	UMENT NUMBER: 834492		
The en	closed withdrawal application and fe	e are submitted for filing.	
Please return all correspondence concerning this matter to the following:			
	Lisa Shdcod		
	(Name of Person)	
CT Corporation System			
		(Firm/Company)	
155 Federal Street, Suite 700			
(Address)			
	Boston, MA 02110		
	(City	/State and Zip code)	
For furt	ther information concerning this matter,	please call:	
		_ at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	STREET ADDRESS:	MAILING ADDRESS:	
	· Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building. 2661 Executive Center Circle Tallahassee, FL 32301

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

(Name of Corporation)

SOPCO, Inc.

834492	•	
(Document	Number of Corporation (if known)	
Ohio		
(Inc	ocorporated Under Laws of)	
This corporation is no longer transacting busi voluntarily surrenders its authority to transact	iness or conducting affairs within the State of Florida and business or conduct affairs in Florida.	herchy
This corporation revokes the authority of its appoints the Department of State as its agent fittine it was authorized to transact business or c	s registered agent in Florida to accept service on its beh- for service of process based on a cause of action arising dur conduct affairs in Florids.	alf and ring the
The following is a current mailing address for	the corporation:	
One CVS Drive		
	(Mailing Address)	SAL I
Woonsocket, RI 02895		THE STATE OF
	(City/ State /Zip)	
	·	CO CO
The corporation agrees to notify the Departmen	nt of State in the future of any change in its mailing address	
Signature of a directur, privatent or other officer-if receiver or other count appointed feducitry, by that is	4-25-3-61	1
	(Iduciary)	,
Melanie K. Łuker Assistant Secretary	•	
(Typod or printed name of person signing)	(Title of person signing)	
c	DILLING DED 625	