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Division of Corporations

Fax Number

: (850)617-6380

From:

C T CORPORATION SYSTEM Account Name

Account Number Phone

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(B50)878-5368

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DISSOLUTION OR WITHDRAWAL CVS VA DISTRIBUTION, INC.

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COVER LETTER

TO:	Amendment Section	•			
	Division of Corporations				
SUBJ	ECT: CVS VA Distribution, Inc.		_		
	(Nam	e of Co	rporation)		
DOC	UMIENT NUMBER: F07000005262	· · · · · · · · · · · · · · · · · · ·			
The.ea	nclosed withdrawal application and fee are	submitt	ed for filing.		
Ploaso matter	return all correspondence concerning this to the following:				
	Mclanie Luker				
(Name of Person)					
	CVS Pharmacy, Inc.				
(Firm/Company)					
	One CVS Drive				
	(Address)				
	Woonsocker, Ri 02895				
	(City/Stat	e and Z	ip code)		
For fur	ther information concerning this matter, plea	se call:			
Melanie	Luker at	(401	770-1565		
	(Name of Person)	(Aı	rea Code & Daytime Telephone Number)		
	STREET ADDRESS; Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, BL 32314		MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellabassee, FL 32301		

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

CVS VA Distribution, Inc.

(Name of Corporation)		
FQ7000003262		
(Document Number of Corporation (if known)		
Virginia		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida and her voluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby	
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:		
Attention: General Course) CVS Pharmacy, Inc. One CVS Drive (Mailing Address)		±55
Woonsocket, RI 02895	10 MAY -3	ECRET
(City/ State /Zip)	ئ	ARY
The corporation agrees to notify the Department of State in the future of any change in its mailing address. (Signature of a disposor, president or other officer - if in the hands of a rocciver or other general appointed fiduciary, by that fiduciary) (Date)	子 9: 54	OF STATE E. FLORIDA
Medianic K. Luker (Typed or printed name of person signing) (Title of person signing)		
FILING FEE \$35		

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