

M02 00000 3451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

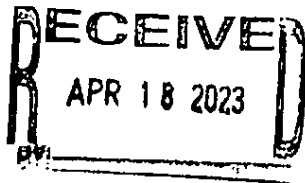
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

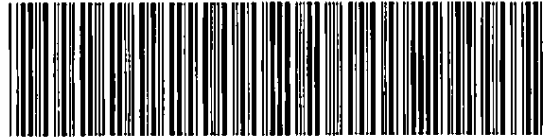
(Document Number)

Certified Copies _____ Certificates of Status _____

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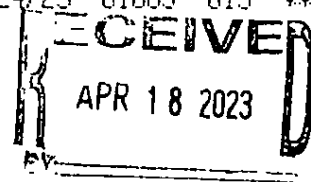


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ATTORNEYS AT LAW

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Of Counsel

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One Speedwell Avenue
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File No. 31074-1

April 13, 2023

Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32303

Re: Notice of Withdrawal of Certificate of Authority
Entity Name: Altamonte Springs Drug Store Holdings, L.L.C.
FL Document Number: M02000003451

Dear Sir/Madam:

Please be advised that I am the Manager of Altamonte Springs Drug Store Holdings, L.L.C. For filing, enclosed please find an original executed Notice of Withdrawal of Certificate of Authority, along with my firm's check in the amount of \$25.00 for the filing fees.

Once processed, please return a "filed" copy to me in the prepaid envelope.

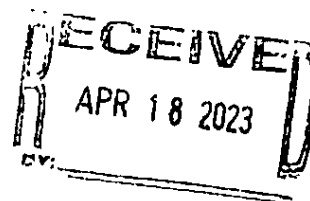
If you should have any questions or require any additional information, please reach out to me or my paralegal, Valerie Ligieri, at (973) 451-3713.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Elliot I. Kramer".

Elliot I. Kramer

Enclosures



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Altamonte Springs Drug Store Holdings, L.L.C.

(Name of limited liability company)

New Jersey

(Jurisdiction of its organization)

December 24, 2002

(Date registered with Florida Department of State)

M02000003451

(Florida Document Number)

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Elliot I. Kramer, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00