

M06000003654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

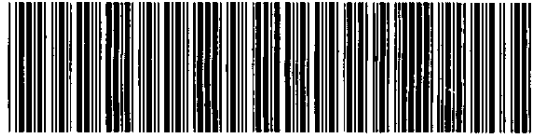
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2009 APR -6 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR - 7 2009  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMERICAN DRUG STORES LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLE KNIGHT

(Name of Person)

NEW ALBERTSON'S, INC.

(Firm/Company)

PO BOX 20

(Address)

BOISE ID 83726-0020

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIELLE KNIGHT

(Name of Person)

at ( 208 ) 395-6164

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

AMERICAN DRUG STORES LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

MD6000003654

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.

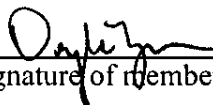
ATTN CORP SECRETARY DEPT, PO BOX 20

(Mailing address)

BOISE ID 83726-0020

(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 or authorized representative of a member)

DOYLE J TROYER, AUTHORIZED SIGNATORY

(Typed or printed name of signee)

**FILED**  
2009 APR -6 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**