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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| , | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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| Special Instructions to Filing Officer: | | | | | |

Office Use Only



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D. BRUCE

APR 29 2010

EXAMINE 2

COVER LETTER

Registration Section Division of Corporations TO:

| SUBJECT: CVS 75325 FL, L.L.C. | | | | | |
|---|---------------------|---|--|---------|---|
| | gn Limited L | iability Company) | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed withdrawal and fee(s) are submitted | for filing. | | | | |
| Please return all correspondence concerning this n | natter to the fo | ollowing: | | | |
| Melanic Luker | | | | | |
| (Name of Person) | | | | | |
| CVS Pharmacy, Inc. | | | | | |
| (Firm/Company) | | | | | |
| One CVS Drive, Legal Dept | | | • | | |
| (Address) | | | | | |
| Woonsocket RI 02895 | | | ALL | 10 A | *************************************** |
| (City/State and Zip Code) | | | HAS | APR 28 | ا الا خنسہ خنسہ |
| For further information concerning this matter, ple | ase call: | | RY OF | 8 PH BB | m |
| Melanie Luker | at (⁴⁰¹ | 770-3565 | 100 100 100 100 100 100 100 100 100 100 | 155 | ر |
| (Name of Person) | | Code & Daytime Telephone Number) | A CO | 53 | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |

Tallahassee, Florida 32301

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

| CVS 75325 FL, L.L.C. |
|---|
| (Name of limited liability company) |
| DE |
| (Jurisdiction of its organization) |
| M0600003687 |
| (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) |
| (T) - poss |
| 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. |
| Autor |
| (Signature of member of authorized representative of a member) |
| Melanie K Luker, Authorized Representative of Member |
| (Typed or printed name of signee) |

Filing Fee: \$25.00