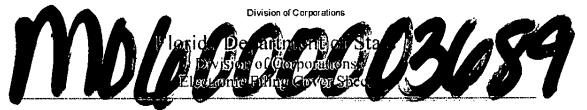
1/6/2017



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA800000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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CVS 5041 FL, L.L.C.

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## **COVER LETTER**

	Legistration Se Division of Co							
SUBJECT		FL, L.L.C.						
SCENEC?		(Name of For	eign Lim	ited Liability	Company)			
Dear Sir o	r Madaın:							
The enclos	sed withdraws	al and fee(s) are submitte	d for filin	g.				
Please retu	ırn all corresp	ondence concerning this	matter to	the following	3			
Amanda J	nokson							
		(Name of Person)			•			
CT Corpo	ration System	1						
		(Firm/Company)			•			
155 Feder	ral Street, Suit	to 700						
		(Address)			<del>.</del>			
Boston, M	1A 02110				_	Z.	201	
		(City/State and Zip Cod	e)			LAH	] JAN	National Parket
For further	r information	concerning this matter, p	lease call	:		ASSE ASSE	JAH -b	NATIONAL PROPERTY OF THE PROPE
Amanda J	fackson		at	617	531-5830	m E	$\triangleright$	
	(Name	of Person)			Daytime Telephone Number)	ETA I	<u>–</u>	
R D C 2	legistration Se Division of Co Hifton Buildir	rporations ag c Center Circle		Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314	A A	C	
Enclosed	is a check for	the following amount:						
■ \$25 Fili	ing Fee (	□ \$30 Filing Fee & Certificate of Status		Filing Fee & fied Copy	☐ \$60 Filing Fee, Certificate of Status &			

CVS 5041 FL, L.I., C.	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
07/03/2006	
(Date registered with Florida Department of State)	
M06000003689	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.  (Signature of authorized representative)  Melanie K. Luker, Secretary	2017 JAN - P SECRETAR TALLAHASS
(Typed or printed name of signee)	b A ID I

Filing Fee: \$25.00