

FD07000004978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

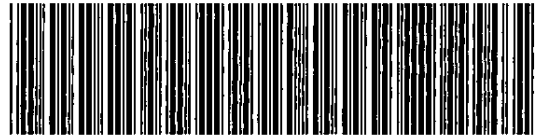
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400177885444

04/28/10--01042--020 \*\*25.00

1043

FILED  
10 APR 28 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 29 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CVS 5589 FL, L.L.C.  
(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:

Melanie Luker  
(Name of Person)

CVS Pharmacy, Inc.  
(Firm/Company)

One CVS Drive, Legal Dept  
(Address)

Woonsocket RI 02895  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie Luker at (401) 770-3565  
(Name of Person) (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

**FILED**  
 10 APR 28 PM 12:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

CVS 5589 FL, L.L.C.

(Name of limited liability company)

DE

(Jurisdiction of its organization)

MO7000004978

(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.

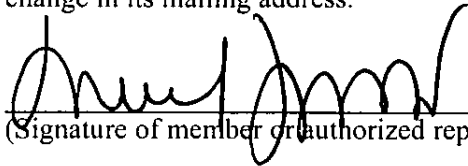
One CVS Drive, Legal Department

(Mailing address)

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.

  
(Signature of member or authorized representative of a member)

Melanic K Luker, Authorized Representative of Member

(Typed or printed name of signee)

**FILED**  
10 APR 28 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**