M07000007164

(Requestor's Name)				
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(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Stat	us			
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UECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 29 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVS	5375 FL, L.L.C.				
	(Name of Fo	reign Limited Liability	Company)		-
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitt	ed for filing.			
Please return all corr	respondence concerning thi	s matter to the followir	ng:		
Melanic Luker					
	(Name of Person)		_		
CVS Pharmacy, Inc.					
	(Firm/Company)		_		
One CVS Drive, Le	gal Dept				10
	(Address)		_		APX
Woonsocket RI 028	95			TARY ASSE	APK 28
	(City/State and Zip Co	de)	_	TH 다유	PE III
For further informate	on concerning this matter,	please call:		STATE LORIDA	() ()
Melanie Luker		at (<u>401</u>	770-3565		
(N	ame 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	:			
2 \$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 5375 FL, L.L.C.	
(Name of limited liability company)	
DE	
(Jurisdiction of its organization)	
M0700000 7164	
(Florida Document Number)	
This limited liability company is no longer transacting business in Floriauthority to transact business in this state.	da and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service cause of action arising during the time it was authorized to transact busines	at to accept service on of process based on a s 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 change in its mailing address. (Signature of member or authorized representative of a member) Melanie K Luker, Authorized Representative of Member (Typed or printed name of signee)	in the future of any 10 APR 28 PH PARY OF STARY OF STARY.

Filing Fee: \$25.00