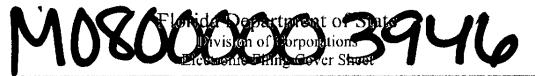
1/6/2017

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL

CVS 3722 FL, L.L.C.

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J.HARRIS

COVER LETTER

	egistration ivision of	n Section Corporations					
SUBJECT		CVS 3722 FL, L.L.C.					
	·	(Name of For	eign Limited Liabi	lity Com	pariy)		
Dear Sir o	Madam:						
The enclos	ed withdr	awal and fee(s) are submitte	d for filing.				
Please retu	m all con	respondence concerning this	matter to the follow	wing:			
Amanda J	ackson						
		(Name of Person)					
CT Corpo	ration Sys	tem					
		(Firm/Company)					
155 Peder	al Street,	Suite 700					
		(Address)					
Boston, M	IA 02110						
•		(City/State and Zip Cod	e)				
For further	informat	ion concerning this matter, p	lease call:				
Amanda J	ackson		617 at (53	1-5830		
	(N	ame of Person)		de & Day	time Telephone Number)		
R D C	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Building Tallahassee, Florida 32301 MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32301			on Section l'Corporations 327			
Enclosed i	s a check	for the following amount:					
■ \$25 Fili	ng Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy		l \$60 Filing Fee, Certificate of Status & Certified Copy		

ney

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CVS 3722 FL, L.L.C.
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
08/27/2008
(Date registered with Florida Department of State)
M08000003946
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Melanie K. Luker, Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00

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