1/6/2017

Division of Corporations

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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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 5127, FL., L.L.C.

Certificate of Status	0
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Corporate Filing Menu

**S** Warren

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## **COVER LETTER**

TO:		tration S ion of C	Section orporations				
SUBJECT	CT:	CVS 5127 FL, L.L.C.					
		(Name of Foreign Limited Liability Company)					
Dear Si	ir or Ma	ıdaın:					
The end	closed v	vithdraw	al and fee(s) are submitte	d for filing.			
Please i	return a	Il corres	pondence concerning this	matter to the follow	ving:		
Amand	ia Jacks	on					
			(Name of Person)				
CT Co	rporatio	n Syste	n				
			(Firm/Company)				
155 Fe	deral Si	reet, Su	ite 700				
			(Address)			•	
Boston	, MA 0	2110					
			(City/State and Zip Cod	c)			
For furt	ther info	ormation	concerning this matter, p	lease call:			
Amand	la Jacks	on		617 at (	53:	1-5830	
		(Nam	e of Person)		lo & Dayt	ime Telephone Number)	
	Regis Divisi Clifto 2661	tration S ion of Co n Buildi Executiv	orporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclose	ed is a c	check fo	r the following amount:				
<b>2</b> \$25 l	Filing F	ee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee a Certified Copy		\$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CVS 5127 FL, E.L.C.
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
08/27/2008
(Date registered with Florida Department of State)
M08000003947
(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

