

1/6/2017

Division of Corporations

M0800004601

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H17000005831 3ABCZ

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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

17 JAN -6 AM 8:45

LLC DISSOLUTION OR WITHDRAWAL
CVS 75816 FL, L.L.C.

Certificate of Status	0
Certified Copy	0
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JAN 09 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CVS 75816 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:

Amanda Jackson

(Name of Person)

CT Corporation System

(Firm/Company)

155 Federal Street, Suite 700

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Jackson

(Name of Person)

617

at ()

531-5830

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CVS 75816 FL, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

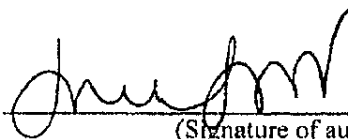
10/14/2008

(Date registered with Florida Department of State)

M08000004601

(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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