1/6/2017



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(((H170000058363)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL CVS 75883 FL., L.L.C.

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COVER LETTER

	Registration Division of	Section Corporations			
SUBJEC	CV\$ 7.	5883 FL, L.L.C.			
DODILL		(Name of For	eign Limited Liabilit	y Company)	
Dear Sir	or Madam:				
The encle	osed withdra	awal and fee(s) are submitte	d for filing.		
Please re	turn all corr	espondence concerning this	matter to the followi	ng:	
Amanda	Jackson				
	· · · ·	(Name of Person)		_	,
CT Corp	oration Syst	tem			
II de de la compansión		(Firm/Company)	1.77		
155 Fede	eral Street, S	Suite 700			
		(Address)			
Boston, I	MA 02110				
	,	(City/State and Zip Cod	6)		
For furth	er informati	on concerning this matter, p	lease call:		
Amanda	Jackson		617 at (531-5830	TALL SEO
	(N	ame of Person)		& Daytime Telephone Number)	当然と
1	Registration Division of Clifton Buil 2661 Execu	Corporations	Reg Div P.O	ALING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	N-6 PH 12: 24 N-8 PH 12: 24 N-SSEP PROBLEM
Enclosed	l is a check	for the following amount:			
⊠ \$25 Fi	iling Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	2 □ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

:VS 75883 FL, L.L.C.
(Name of limited liability company)
Oclaware
(Jurisdiction of its organization)
2/17/2009
(Date registered with Florida Department of State)
A09000004934
(Florida Document Number)
his 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