## 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 : FCA800000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

## LLC DISSOLUTION OR WITHDRAWAL

CVS 4458 FL, L.L.C.

Certificate of Status	0
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Corporate Filing Menu

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## **COVER LETTER**

Division of	Corporations		
CVS 4	458 FL, L.L.C.		
SUBJECT:	(Name of Fo	eign Limited Liability (	Company)
Dear Sir or Madam;			
The enclosed withdr	awal and fee(s) are suhmitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	:
Amanda Jackson			
	(Name of Person)		•
CT Corporation Sys	tem		
	(Firm/Company)		
155 Federal Street,	Suite 700		
	(Address)		•
Boston, MA 02110			
	(City/State and Zip Cod	le)	•
Por further informat	on concerning this matter, p	lease call:	
Amanda Jackson		617 at (	531-5830
(N	ame of Person)		Daytime Telephone Number)
Registration	Corporations	Regist Divisio	ING ADDRESS: ration Section on of Corporations dox 6327
2661 Execu	ntive Center Circle Florida 32301		assee, 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 Fiting Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CVS 4458 FL, L.L.C.			
(Name of limited liability company)	<del> </del>		
Delaware			
(Jurisdiction of its organization)	-		
03/04/2010			
(Date registered with Florida Department of State)			
M10000001015			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.	: .		
(Signature of authorized representative)	The state of the s	17 JAN -6	5.00
Melanie K. Luker, Secretary	्रेज <sub>्य</sub> े	<b>A</b>	د معرده ا
***************************************			j 1 ;
(Typed or printed name of signee)	) Kili	્રેક હ	7

Filing Fee: \$25.00