M12000002607

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name))	
(Document Number)			
Certified Copies	Certificates of	f Status	
Special Instructions to Filing Officer:			
		:	

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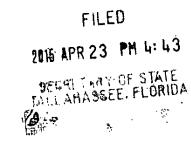
COVER LETTER

TO:		stration Section ion of Corporations		
SUBJ	ECT:	CVS 10131 FL, L.L.C.		
		(Name of L	imited Liability Cor	npany)
The en	nclosed	I member, resignation or disso	ociation and fee(s	s) are submitted for filing.
Please	return	all correspondence concernir	ng this matter to:	
Seym	our N	. Singer		
	•	(Contact Person)		_
Seym	our N	. Singer, P.A.		
		(Firm/Company)		_
7401	Wiles	Road, Suite 230		
		(Address)		_
Coral	Sprin	gs, FL 33067		
		(City/State and Zip Code)		
For fu	rther ir	formation concerning this ma	atter, please call:	
Seym	our N	. Singer, Esq.	954 at (509-3807
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	-	asc find a check made payable Fce		Department of State for: g Fee & Certified Copy
Registi Divisio	ration :	OURIER ADDRESS: Section Corporations		MAILING ADDRESS: Registration Section Division of Corporations
	Executi	ing ve Center Circle Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the I of State is: CVS	mited liability company as it appears on the records of the Florida Department 10131 FL, L.L.C.
2. The Florida docum M1200002607	nent/registration number assigned to this limited liability company is:
3. The date this men	ber/manager withdrew/resigned or will withdraw/resign is: April 22, 2015
4. I, CVS PHARMACY, INC. , hereby withdraw/resign as a (Print Name of Person Resigning)	
MGRM	
(I	rint Title)
resignation in writ	m m
VSignature of Dis Melanie K Assistant S	ociating Member or Resigning Manager Luker Ecretary
•	\$25.00 (Required) \$30.00 (Optional)