LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
04-23-2003 90237 028 ****50.00

DOCUMENT # L020000020994

1. Entity Name
68th Miami CVS, L.L.C.

DO NOT WRITE IN THIS SPACE

44002438

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One CVS Drive	same
Suite, Apt. #, etc. Legal Department	Suite, Apt. #, etc.
City & State Woonsocket	City & State
Zip RI / Country USA	Zip / Country

4. FEI Number 30-0114871 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVS Meridian, Inc., Managing Member One CVS Drive Woonsocket RI 02895	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Melanie K. Luker, Assistant Secretary of CVS Meridian, Inc. 4-15-03 401-770-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #