# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 20, 2012**
**Secretary of State**

DOCUMENT# M05000003754

**Entity Name:** CVS 709 FL, L.L.C.

**Current Principal Place of Business:**

ONE CVS DR.
WOONSOCKET, RI 02895 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CVS DR.
LEGAL DEPT
WOONSOCKET, RI 02895 US

**New Mailing Address:**

**FEI Number: 20-3326632** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: CVS PHARMACY, INC.
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: AS
Name: CIMBRON, LINDA M
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: VT
Name: DENALE, CAROL A
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S
Name: LUKER, MELANIE K
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P
Name: MOFFATT, THOMAS S
Address: ONE CVS DR.
City-St-Zip: WOONSOCKET, RI 02895 US

Title: VAT
Name: CORRIGAN, TERENCE M
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 Statues.

SIGNATURE: MELANIE K LUKER S 04/20/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date