

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-11-2007 90199 021 ****50.00

DOCUMENT # M06000002086 1. Entity Name CVS 3257 FL, L.L.C.					
Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895			Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4836629				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition CVS Pharmacy, Inc. One CVS Drive Woonsocket, RI 02895 <i>(Managing Member)</i>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Linda M. Cimbron</i>			Linda Cimbron Authorized Representative 4/25/07 401-765-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					