

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000003754

**Entity Name:** CVS 709 FL, L.L.C.**Current Principal Place of Business:**ONE CVS DR.  
WOONSOCKET, RI 02895**Current Mailing Address:**ONE CVS DR.  
LEGAL DEPT  
WOONSOCKET, RI 02895 US**FEI Number:** 20-3326632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Authorized Person(s) Detail :**

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

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

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

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

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

Title ASST. TREASURER  
Name CLARK, JEFFREY E  
Address ONE CVS DR.  
City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER  
Name BEAULIEU, SHEELAGH M  
Address ONE CVS DR.  
City-State-Zip: WOONSOCKET RI 02895

Title OTHER  
Name MERCER, CHRISTOPHER T  
Address ONE CVS DR.  
City-State-Zip: WOONSOCKET RI 02895

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MELANIE K LUKER****SECRETARY****04/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date