

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003754

Entity Name: CVS 709 FL, L.L.C.**Current Principal Place of Business:**1 CVS DRIVE
WOONSOCKET, RI 02895**Current Mailing Address:**1 CVS DRIVE
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	1 CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	SENIOR VP, TREASURER
Name	DENALE, CAROL A
Address	1 CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	SECRETARY
Name	LUKER, MELANIE K
Address	1 CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	PRESIDENT
Name	MOFFATT, THOMAS S
Address	1 CVS DRIVE
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****04/23/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date