## **2020 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M06000002086

Entity Name: CVS 3257 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: 20-4836629 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RULLIS , STEPHEN 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: STEPHEN RULLIS 04/24/2020

Electronic Signature of Registered Agent

Date

FILED Apr 24, 2020

**Secretary of State** 

6664602096CR

Authorized Person(s) Detail:

Title MGRM Title PRESIDENT

Name CVS PHARMACY, INC. Name MOFFATT, THOMAS S

Address 1 CVS DRIVE Address 1 CVS DRIVE

City-State-Zip: WOONSOCKET RI 02895 City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY Title SENIOR VP, TREASURER

Name LUKER, MELANIE K Name DENALE, CAROL A

Address 1 CVS DRIVE Address 1 CVS DRIVE

City-State-Zip: WOONSOCKET RI 02895 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

Electronic Signature of Signing Authorized Person(s) Detail

**SECRETARY** 

04/24/2020

Date