

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004240

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: CVS, L.L.C.

**Current Principal Place of Business:**

14970 CAPTIVA DR  
CAPTIVA, FL 33924

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 452  
CAPTIVA, FL 33924

**New Mailing Address:**

PO BOX 485  
NORMANDY BEACH, NJ 08739

FEI Number: 65-1119485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHILDERS, E L JR  
14970 CAPTIVA DR  
CAPTIVA, FL 33924 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 ( ) Delete  
Name: BELL, KAREN  
Address: 772 BIRDIE VIEW PT  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM ( ) Delete  
Name: CHILDERS, EUGENE L  
Address: PO BOX 485  
City-St-Zip: NORMANDY BEACH, NJ 08739

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CHILDERS, EUGENE L JR  
Address: PO BOX 485  
City-St-Zip: NORMANDY BEACH, NJ 08739

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: EUGENE L. CHILDERS, JR.

MGRM

01/14/2009

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