## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000012463

1. Entity Name

CVS Tampa 2802, L.L.C.



## FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90237 017 \*\*\*\*50.00

Country   Country   Country   S. Cartificate of Status Desired   So. 00 Additional				No we in			
One CVS Drive  Size Apt 8 etc  Legal Department  City & State  Woonsocket  County  INTERMEDIATE  DO NOT WRITE  DO NOT WRITE  INTHIS SPACE  County  Intermediate of Status Desired or Spatial Address of Current Registered Agent  Intermediate of Status Desired  Intermed		DO NOT WRI	TE IN THIS	SPACE	30059584		
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City & State    Country   Country   Country   Country   S. Cardicate of Status Desired   S5.00 Additional Fee Required	Suite, Apt. #, etc.			•	DO NOT WRITE IN THIS SPACE		
T. Name and Address of Current Registered Agent    T. Name and Address of Current Registered Agent	City & State		City & State		68-0480347	Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Road  Cty Plantation  Cty Plantation  FL 3/35/24  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SGNATURE  SQUARMAR typest or private runns of agent and too it application  FEE 15 \$50.00  Make Check Payable to Florida Oppartment of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS  UN STATE ADDRESS  CON STATE  ON CYS Drive  WOONSOCKET RI 02895  CON STATE  MANAGING STATE ADDRESS  CON STATE  THE  MANAGING MEMBERS/MANAGERS  CON STATE  MANAGING MEMBERS/MANAGERS  CON STATE  ON STATE  MANAGING MEMBERS/MANAGERS  CON STATE  MAN			Zip	Country			
DO NOT WRITE IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  1200 South Pine Island Road  City Plantation  City Plantation  FL 33324  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 acceptable of Plantation of registered agent.  SIGNATURE  SIGNATU					7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  1200 South Pine Island Road  Chy Plantation  FL 70 Code  The above named entity pubmits his 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  FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE 8Y MAY 1  Signature  One CVS Drive  Woonsocket Ri 02895  The Mayable to Florida Department of State  One Signature  One CVS Drive  Woonsocket Ri 02895  The Mayable to Florida Department of State  One Signature  One Signature  Signature  Signature  One Signature  One Signature  Internation  Mayable  Signature  Internation  Inter			8 A 2 500, 2 000 500	Name CT C	Corporation System		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							

Melanie K. Luker, Auth. Rep.

4-15-03

401-770-3565

Date