

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90131 016 \*\*\*\*50.00

**DOCUMENT # L01000018078**

1. Entity Name

CVS 4083 Largo, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

One CVS Drive

3. Mailing Address

same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Legal Department

Suite, Apt. #, etc.

City & State  
Woonsocket

City & State

4. FEI Number 68-0484171

Applied For

Not Applicable

Zip  
RI

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City Plantation

FL

Zip Code  
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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CVS IN Distribution, Inc., Member  
One CVS Drive  
Woonsocket RI 02895

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IN THIS SPACE**

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 indicated on this report is true and accurate and that my 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: *Melanie K. Luker*

Melanie K. Luker, Auth. Rep.

4-15-03

401-770-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)