

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90237 005 \*\*\*\*50.00

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

DOCUMENT # L01000018079

1. Entity Name

CVS 3492 Orlando, L.L.C.



**DO NOT WRITE IN THIS SPACE**

**44002484**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One CVS Drive

3. Mailing Address

same

Suite, Apt. #, etc.

Legal Department

Suite, Apt. #, etc.

City & State

Woonsocket

City & State

4. FEI Number

68-0484164

Applied For

Not Applicable

Zip  
RI

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**DO NOT WRITE  
IN THIS SPACE**

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 New York, Inc., Managing Member  
One CVS Drive  
Woonsocket RI 02895

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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,

4-15-03

401-770-3565

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

Date

Daytime Phone #

Assistant Secretary  
of CVS New York, Inc.

CR2E083B (12/02)