

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000006433

1. Entity Name
CENTRAL ST. PETERSBURG CVS, L.L.C.



Principal Place of Business

ONE CVS DR., LEGAL DEPT.
LEGAL DEPARTMENT
WOONSOCKET, RI 02895

Mailing Address

ONE CVS DR., LEGAL DEPT.
WOONSOCKET, RI 02895

FILED

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



01092006No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

02-0590754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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04/24/06--01005--011 **50550.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CVS PHARMACY, INC.
ONE CVS DRIVE
WOONSOCKET, RI 02895

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

[Signature]
4/15/06

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Linda M. Cimbron*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Linda Cimbron
Authorized Representative

4/15/06
Date

401-765-1500
Daytime Phone #