

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

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

04-23-2003 90236 013 \*\*\*\*\*50.00

**DOCUMENT # L02000006433**

1. Entity Name

Central St. Petersburg CVS, L.L.C.



**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

Zip  
RI

Country  
USA

Zip

Country

4. FEI Number 02-0590754

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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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 Meridian, Inc., Member  
One CVS Drive  
Woonsocket RI 02895

TITLE  
NAME  
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CITY- ST- ZIP

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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 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:

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

Melanie K. Luker, Auth. Rep.

4-15-03

401-770-3565

Date

Daytime Phone #

CR2E083B (12/02)