

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2006 JUN 23 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500076522535



06132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
95-3382344

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CAREMARK MAIL PHARMACY LLC
2211 SANDERS ROAD
NORTHBROOK, IL 60062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Denise Sommer

Denise Sommer
Authorized Agent

6-13-06 615-743-6620

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

Date

Daytime Phone #



LO 3000001274

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : June 21, 2006

ORDER TIME : 7:11 PM

ORDER NO. : 196990-030

CUSTOMER NO: 7416132

BK

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2006 JUN 23 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CAREMARK FLORIDA MAIL
PHARMACY, LLC

RECEIVED
06 JUN 23 AM 8:57
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____