

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000027166

1. Entity Name

CVS EGL STATE ROAD 7 FL, L.L.C.



FILED

06 APR 21 AM 10:33

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE CVS DRIVE
WOODSOCKET, RI 02895

Mailing Address

ONE CVS DRIVE
WOODSOCKET, RI 02895

DO NOT WRITE IN THIS SPACE

03172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0600622

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**

600071788116
04/24/06--01005--011 **\$0550.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
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* Linda Cimbron
Authorized Representative

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

Date

4/5/06

401-765-1500

Daytime Phone #