

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L04000027666

1. Entity Name  
CVS EGL DIXIE SOUTH FL, L.L.C.



Principal Place of Business  
ONE CVS DRIVE  
WOONSOCKET, RI 02895

Mailing Address  
ONE CVS DRIVE  
WOONSOCKET, RI 02895

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 21 AM 10:38



01052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0600455

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**

600071792986  
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

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

**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

4/5/06  
Date

401-765-1500  
Daytime Phone #