

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000027676

1. Entity Name

CVS EGL HAWTHORNE FL, L.L.C.



Principal Place of Business

ONE CVS DRIVE
WOONSOCKET, RI 02895

Mailing Address

ONE CVS DRIVE
WOONSOCKET, RI 02895

FILED

06 APR 21 AM 9:29

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



03202006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

05-0600515

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**

600071772016
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
09/24

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

Linda Cimbron
Authorized Representative

4/5/06

401-765-1500

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

Date

Daytime Phone #