

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000028455

**FILED**  
**Apr 16, 2008**  
**Secretary of State**

**Entity Name:** CVS ORLANDO FL DISTRIBUTION, L.L.C.

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Mailing Address:**

**FEI Number:** 20-0998041      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CVS PHARMACY, INC.,  
**Address:** ONE CVS DRIVE  
**City-St-Zip:** WOONSOCKET, RI 02895

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MEM 04/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date