

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028455

FILED  
Apr 30, 2009  
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:**

ONE CVS DR.  
WOONSOCKET, RI 02895 US

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895

**New Mailing Address:**

ONE CVS DR.  
LEGAL DEPT  
WOONSOCKET, RI 02895 US

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CVS PHARMACY, INC.  
Address: ONE CVS DR.  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Change (X) Addition  
Name: CIMBRON, LINDA M  
Address: ONE CVS DR.  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Change (X) Addition  
Name: NULMAN, MICHAEL B  
Address: ONE CVS DR.  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: S ( ) Change (X) Addition  
Name: LUKER, MELANIE K  
Address: ONE CVS DR.  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P ( ) Change (X) Addition  
Name: LANKOWSKY, ZENON P  
Address: ONE CVS DR.  
City-St-Zip: WOONSOCKET, RI 02895 US

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: CVS PHARMACY, INC.

MGRM

04/30/2009

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